

(1) PLACE OF BIRTH:

County of CherokeeTownship of CherokeeInc. Town of Blacksburg

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 10.00A Registered No. 7.4

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

1) BOY OR GIRL Boy 2) Type or Token To be presented only in event of Police or Prison 3) Number in order of birth Yes 4) Any Previous Marriages Yes 5) Date of Birth Feb. 18, 1923 (Month) (Day) (Year)

FATHER

6) FULL NAME Richard Aker7) PRESENT POSTOFFICE OF FATHER Blacksburg, S.C.10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 21 (Years)12) BIRTHPLACE Cherokee Co., S.C.13) OCCUPATION Drayman20) Number of children born to mother, including present child TWO (2)

MOTHER

14) NAME BEFORE MARRIAGE Willie Black16) PRESENT POSTOFFICE OF MOTHER Blacksburg, S.C.18) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 21 (Years)19) BIRTHPLACE North Carolina21) OCCUPATION Housewife22) Number of children of the mother and father, including present child TWO (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

23) I hereby certify that I attended the birth of this child, who was born alive 2:30 P.M. on the date above stated. (Give alive or stillborn) (Hour) (M.) (P.M.)

24) Signature of Physician or Midwife A. L. Miller 25) Address of Physician or Midwife Blacksburg, S.C.

26) Signature of Registrar [Signature] 27) Date of Birth Feb. 18, 1923 28) Name of Child [Signature]