

Form No. 1

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Cherokee

Inc. Town of .....

City of .....

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

## (2) Full Name of Child

(3) SEX OR ONLY Boy (4) Twin or Triplet ✓ (5) Number in order of birth 4 (6) Are Parents Married ✓ (7) DATE OF BIRTH June 23, 1916

To be answered only in case of Twin or Triplet

FATHER.

(8) FULL NAME Victor M. Kelsey(9) PRESENT POSTOFFICE OF FATHER Cherokee - A.C.R.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE N. C.(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Hallie Depard(15) PRESENT POSTOFFICE OF MOTHER Cherokee - A.C.R.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 27 (Year)(18) BIRTHPLACE B. C.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. 7:25 P. M. ✓)

on the date above stated.

(23) Signature Mrs. Jennie Garrett(24) State whether Physician or midwife Physician or midwife(25) Address of Physician or midwife Cherokee - A.C.R.(26) Witness A. B. Blackwell

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6/16 19 1916 Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.