

(1) PLACE OF BIRTH

County of Cherokee

Township of

OR
Inc. Town of CherokeeOR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

41616

Registration District No. 12ARegistered No. 88
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Lila Greene Bosh

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? No
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 28, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bernice B Bosh(9) PRESENT POSTOFFICE OF FATHER Cherokee SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39
(Years)(12) BIRTHPLACE Greenville Co SC(13) OCCUPATION Mechanic(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Rebeck White(15) PRESENT POSTOFFICE OF MOTHER Cherokee SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Clarendon Co SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:40 PM,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cherokee

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 8, 1923(28) [Signature]
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.

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