

(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

No. 10. - For this Register

0001

Registration District No. 1000A Registered No. 27
(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 <u>Girl</u>	(2) Type of Infant <u>To be reported only in event of Twin or Triple</u>	(3) Number in order of birth	(4) Sex <u>Yes</u>	(5) Date of Birth <u>Feb. 23, 23.</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(6) FULL NAME <u>William Hunter Fayssoux</u>			(14) NAME BEFORE MARRIAGE <u>Junie Beatrice Hawkins</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Blacksburg, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Blacksburg, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32.</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Year)	
(12) BIRTHPLACE <u>Cherokee Co., S.C.</u>			(18) BIRTHPLACE <u>Cherokee Co., S.C.</u>	
(13) OCCUPATION <u>Cotton Mill Overseer.</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Four (4).</u>			(21) Number of children of this mother now living, including present birth <u>four (4).</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated.
(Born alive or stillborn) (Hour M. or P.M.)(23) (Signature) G. L. [Signature](24) State whether Physician or Midwife
Physician(25) Address of Physician or Midwife
Blacksburg, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Date Feb. 25, 1923. (28) G. A. [Signature]
Local Registrar.

*When there was an 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.