

(1) PLACE OF BIRTH

County of ShrookeTownship of Morganor
Inc. Town of Xor
City of X

(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

File No.—For State Registrar Only

6999-A

Registration District No. 4004-20 Registered No. 195
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? X(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar 22 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. E. Cash(9) PRESENT POSTOFFICE OF FATHER Goffney S.C. R9(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Hutchins(15) PRESENT POSTOFFICE OF MOTHER Goffney S.C. R9(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 9:35 P. M.
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. E. Cash(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Chesell S.C.

(26) Name added from a supplemental report

(26) Witness

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

Registrar

(27) Filed Aug 9 1912 (28) W. E. Cash Local RegistrarWhen 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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