

## (1) PLACE OF BIRTH

County of Cherokee

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

804

Township of CanttshaweInc. Town of ..... Registration District No. 1203 Registered No. 13  
(For use of Local Registrar)City of ..... (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 Nezzie B. Bintl If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 21st 1922

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Laucha Bintl(14) NAME BEFORE MARRIAGE Dane Bintl(9) PRESENT POSTOFFICE OF FATHER Cherokee Co. S.C.(15) PRESENT POSTOFFICE OF MOTHER Cherokee Co. S.C.(10) COLOR OR RACE Brown(11) AGE AT LAST BIRTHDAY 44  
(Years)(16) COLOR OR RACE Brown(17) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE Cherokee Co. S.C.(18) BIRTHPLACE Cherokee Co. S.C.(13) OCCUPATION Farmer(19) OCCUPATION Housekeeping(20) Number of children born to mother, including present birth 10(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10:30 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Physician

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cherokee Co. S.C.

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) Filed Feb 8, 1922 (28) M. S. Watson 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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MADE IN THE UNITED STATES OF AMERICA

FILE NO.

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., WHO ATTENDED THE BIRTH OF THE CHILD. IT IS TO BE FILED IN THE OFFICE OF THE REGISTRAR, WHO WILL FORWARD IT TO THE STATE BOARD OF HEALTH. IT IS TO BE FILLED OUT FOR EACH CHILD, AND MUST BE FILED WITH THE OTHER RECORDS OF THE REGISTRAR. IT IS TO BE FILLED OUT FOR EACH CHILD, AND MUST BE FILED WITH THE OTHER RECORDS OF THE REGISTRAR.