

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Spartanburg STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Cherokee State Board of Health
 or
 Inc. Town of Registration District No. 4000 Registered No. 157
 or
 City of (No. St. Ward) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
50469

(2) Full Name of Child Vernell Head } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin None or Triplet? (5) Number in order of birth 4 (6) Are Parent yes Married? (7) DATE OF BIRTH Feb 17 1911
Is he assumed such in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Cliff Head
 (9) PRESENT POSTOFFICE OF FATHER Cherokee P.O.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE Spartanburg SC
 (13) OCCUPATION Trainer
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Married Damskin
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee P.O.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE Union SC
 (19) OCCUPATION Housekeeping
 (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 4:35 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cherokee SC

Given name added from a supplemental report 191.....
 Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 1911 (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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.