

(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

File No.—For State Registrar Only

50469

Inc. Town of Registration District No. 4000 Registered No. 157
 or (For use of Local Registrar)
 or
 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 Vernell Head ... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin None (5) Number in order of birth 4 (6) Are Parent Married? Yes (7) DATE OF BIRTH Feb. 17
 (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
 (14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Married Damm
 (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
 (20) 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) E. L. McInnis
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cherokee SC

Given name added from a supplemental report

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

(27) Filed 730 191 6 (28) J. D. Blackman 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.