

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of **Cherokee** STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

35204

Township of **Cherokee**

Inc. Town of

City of

Registration District No. **12A**

Registered No. **92**

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child **Claudia May Hall**

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

(3) BOY OR GIRL **Girl** (4) Twin or Triplet? **No** (5) Number in order of birth **1st** (6) Age at birth **1 year** (7) DATE BIRTH **Feb. 22 23**
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME **Melvin Hall**
(9) PRESENT POSTOFFICE OF FATHER **Cherokee S.C.**
(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **27**
(Years)
(12) BIRTHPLACE **S.C.**
(13) OCCUPATION **Public Work**
(14) Number of children born to mother, including present birth **3**

MOTHER.
(14) NAME BEFORE MARRIAGE **Ethel Carpenter**
(15) PRESENT POSTOFFICE OF MOTHER **Cherokee S.C.**
(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **20**
(Years)
(18) BIRTHPLACE **S.C.**
(19) OCCUPATION **House wife**
(20) Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **born alive** at **4 a. m.** on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) **Hague W. W. W.**
(24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Cherokee S.C.**

(Given name added from a supplemental report)
101
Registrar

(26) Witness **W. B. Bull**
(Signature of Witness necessary only when question 23 is signed "X" mark)
(27) File **101** (28) **Walter D. Rant**
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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