

## (1) PLACE OF BIRTH

County of *Spokane*Township of *Cherokee*City of *Cherokee*City of *Cherokee*

(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

44794

Registration District No. *49020*Registered No. *42*

(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

*Boy*

(4) Twin or Triplet?

*X*

(5) Number in order of birth

*1*

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*Sept. 27, 23*

Name of Month (Day) (Year)

## FATHER.

(8) FULL NAME

*De Orm and Hall*

(9) PRESENT POSTOFFICE OF FATHER

*Cherokee S.C.*

(10) COLOR OR RACE

*white*

(11) AGE AT LAST BIRTHDAY

*28*

(Years)

(12) BIRTHPLACE

*S.C.*

(13) OCCUPATION

*Garage & auto business*

(14) Number of children born to mother, including present birth

*3*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Clare Poole*

(15) PRESENT POSTOFFICE OF MOTHER

*Cherokee S.C.*

(16) COLOR OR RACE

*white*

(17) AGE AT LAST BIRTHDAY

*27*

(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 *B. alive* at *12:20 a.* M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

*Physician**Cherokee S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*5757 24*

191

(28)

*B. C. Henderson*

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.