

## (1) PLACE OF BIRTH

County of Sp. Pr. Tang. S. C.  
 Township of Cherokee  
 or  
 Inc. Town of.....  
 or  
 City of.....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

32249

Registration District No. UCC 7-9 Registered No. 108  
 (For use of Local Registrar)

(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

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

(3) SEX OR MALE (4) Twin or Triplet - (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 4, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Clifford Cudd  
 (9) PRESENT POSTOFFICE OF FATHER Cherokee S.C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30  
 (Year) (12) BIRTHPLACE S.C.

(13) OCCUPATION clerk in store  
 (14) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Agnes Hicks  
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee S.C.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25  
 (Year) (18) BIRTHPLACE N.C.

(19) OCCUPATION Housekeeping  
 (20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was B. alive at 3 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. E. [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Cherokee S.C.

Given name added from a supplemental report

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

(27) Filed 10/10/22 (28) 3 Blackwell Local Registrar

When there was no attending physician or midwife, then the father, household, 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.