

(1) PLACE OF BIRTH

County of ...*Cherokee*...
 Township of ...*Cherokee*...
 OF
 Inc. Town of.....
 OF
 City of

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

No. — For State Register Only
3332

Registration District No. *1000A* Registered No. *28*.....
 (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

(1) BOY OR GIRL boy	(4) Type of Infant To be reported only in case of Twin or Triplet	(5) Number in order of birth	(6) Sex Yes	(7) Date of Birth Feb 24 23 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Dorsie Patterson.			(10) NAME BEFORE MARRIAGE Ella Poole	
(9) PRESENT POSTOFFICE OF FATHER Cherokee Falls S.C.			(10) PRESENT POSTOFFICE OF MOTHER Cherokee falls S.C.	
(11) COLOR OR RACE white	(11) AGE AT LAST BIRTHDAY 38 (Years)	(11) COLOR OR RACE white	(11) AGE AT LAST BIRTHDAY 34 (Years)	
(12) BIRTHPLACE South Carolina.			(12) BIRTHPLACE S.C.	
(13) OCCUPATION farm Overseer			(13) OCCUPATION House wife	
(20) Number of children born to mother, including present birth 7			(21) Number of children of this mother now living, including present birth 6	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... *Alive* ... St. *78* ... M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

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

(27) Filed *Feb 25 1923* (28) *Geo A. Colwell*
 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.