

(1) PLACE OF BIRTH

County of Cherokee
 Township of Sandy Grove
 OR
 Inc. Town of Lake City
 OR
 City of

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

File No.—For State Registrar Only
29740

Registration District No. 13/6 Registered No. 36
 (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 Polie Gladys Cloe 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 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 30 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Mack Cloe
 (9) PRESENT POSTOFFICE OF FATHER Lake City S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
 (Years)
 (12) BIRTHPLACE Williamsburg Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Sue Floyd
 (15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
 (Years)
 (18) BIRTHPLACE Williamsburg Co
 (19) OCCUPATION House wife
 (21) 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 alive at 4 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jamnie Floyd
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lake City

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 3 1922 (28) E. H. McFadden 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.