

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Ashtabula
 OR
 Inc. Town of
 OR
 City of
 (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. 41656 For State Registrar Only

Registration District No. 123 Registered No. 147
 (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 Girl (4) Twin or Triplet? No (5) Number in order of birth 1
 To be answered only in event of Twins or Triplets

(6) Are Parents Married Yes (7) DATE OF BIRTH Feb 6 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Al Ray Rivers
 (9) PRESENT POSTOFFICE OF FATHER Cherokee
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Cherokee Co. S.C.
 (13) OCCUPATION Fertilizer Salesman

MOTHER
 (14) NAME BEFORE MARRIAGE Carrie Jones
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Cherokee Co. S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth { 1 } (21) Number of children of this mother now living, including present birth { 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) Signature [Signature]
 (24) Address of Physician or Midwife Cherokee

When name added from a supplemental report

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

(26) Filed Jan 8 1923 (27) M.S. Watson 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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