

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Cherokee, S.C. STATE OF SOUTH CAROLINA.
Township of Cherokee, S.C. Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
23940

Inc. Town of Registration District No. 17 P. 1 Registered No. 87, 88
(For use of Local Registrar)
City of (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) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 15 1923</u> <small>(Name of Month) (Day) (Year)</small>
FATHER			MOTHER	
(8) FULL NAME <u>Mary Taylor</u>			(14) NAME BEFORE MARRIAGE <u>Miss May</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee, S.C. Post</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee, S.C. Post</u>	
(10) COLOR OR RACE <u>Caucasian</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Caucasian</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> <small>(Years)</small>	(18) BIRTHPLACE <u>-</u>
(12) BIRTHPLACE <u>Maryland, U.S.A.</u>	(13) OCCUPATION <u>Public Worker</u>	(19) OCCUPATION <u>Housewife</u>	(20) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Mary Taylor
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cherokee, S.C.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 15 1923 (28) P. J. Ingram Local Registrar

If 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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