

(1) PLACE OF BIRTH

County of Cherokee
 Township of Way, Twidale
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 11-For Sub Registrar
 654

Registration District No. 1.0.0.1... Registered No. 2.....
 (For use of Local Registrar)

City of (No. St. Word)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Jane.....
 (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Girl</u>	(4) Type of Birth To be reported only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex of Mother <u>Girl</u>	(7) DATE OF BIRTH <u>Jan 29 1922</u> (Place of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Gamajile Tate</u>			(10) NAME BEFORE MARRIAGE <u>Hannie Sawkins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C. R2d</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C. R2d</u>	
(12) COLOR OR RACE <u>Black</u>	(13) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(14) COLOR OR RACE <u>Black</u>	(15) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
(16) BIRTHPLACE <u>Cherokee Co. S.C.</u>			(17) BIRTHPLACE <u>Cherokee Co. S.C.</u>	
(18) OCCUPATION <u>Farm</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of the mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive..... at 11..... M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. B. Tharald

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

(26) Witness W. M. Tharald

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 8 1923 (28) M. B. Harris Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
 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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