

Form No. 1

(1) PLACE OF BIRTH

County of SpartanburgTownship of Cherokeeor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19159

Registration District No. 4002 Registered No. 67
(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

3 SEX OF CHILD <u>Male</u>	(4) Twin or Triplet <u>—</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME George Stacy(9) PRESENT POSTOFFICE OF FATHER Cherokee(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming(14) NAME BEFORE MARRIAGE Victor Benson(15) PRESENT POSTOFFICE OF MOTHER Cherokee(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Manufacturing(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 10 A.M. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

(27) Filed 7/10 1923

(28) 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.