

## (1) PLACE OF BIRTH

County of Lantern  
 Township of Sullivan  
 or  
 Inc. Town of Rte. #2  
 or  
 City of Ware Shoals

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19284

Registration District No. 2906 Registered No. 35

(For use of Local Registrar)

## (2) Full Name of Child

1. BOY OR GIRL? Boy 4. Twin or Triplet? — 5. Number in order of birth — 6. Are Parents Married? yes 7. DATE OF BIRTH June 22, 1922  
 To be answered only in event of Twins or Triplets (Month) (Day) (Year)

## FATHER.

8. FULL NAME Robert Spear Cheek9. PRESENT POSTOFFICE OF FATHER Ware Shoals, #2, S.C.10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 41 (Years)12. BIRTHPLACE Lantern, S.C.13. OCCUPATION Farmer14. Number of children born to mother, including present birth 3

## MOTHER.

14. NAME BEFORE MARRIAGE Clifford Bohannon15. PRESENT POSTOFFICE OF MOTHER Ware Shoals, #2, S.C.16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 32 (Years)18. BIRTHPLACE Wilcox, Ga.19. OCCUPATION Housewife20. Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Bohannon

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 30, 1922 (28) J. M. Sullivan 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.