

MARGIN RESERVED FOR FILING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Cherokee  
 Township of Cherokee  
 or  
 Inc. Town of Blacksburg  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (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.—For State Registrar Only  
**14120**

Registration District No. 1.0.0.0.A Registered No. 41  
 (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 <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 13, 1922</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Henry Clay White

(9) PRESENT POSTOFFICE OF FATHER Blacksburg, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
(Year)

(12) BIRTHPLACE Cleveland Co., N.C.

(13) OCCUPATION Cotton Mill Operative

(20) Number of children born to mother, including present birth One (1)

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lois May Cooper

(15) PRESENT POSTOFFICE OF MOTHER Blacksburg, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20  
(Year)

(18) BIRTHPLACE Cherokee Co., S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth One (1)

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive ..... at 6:00 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. R. Rice  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Blacksburg, S.C.

Given name added from a supplemental report  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ 19 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed May 14, 1922 (28) Geo. A. Robison  
 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.

Registrar \_\_\_\_\_ Local Registrar. \_\_\_\_\_  
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MCGAW OF COLUMBIA, COLUMBIA, S. C.