

(1) PLACE OF BIRTH

County of Cherokee

Township of

OF

Inc. Town of

OF

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Nancy Alfred Hursey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 23, 1923</u> (Name of Month) (Day) (Year)
----------------------------	----------------------	------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME William Hursey(9) PRESENT POSTOFFICE OF FATHER Rt 3 - Society Hill(10) COLOR OR RACE African (11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Spartanburg, S.C.(13) OCCUPATION Lumber Co. mkr(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Nixon Hursey(15) PRESENT POSTOFFICE OF MOTHER Rt 3 - Society Hill(16) COLOR OR RACE African (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Rt 3 - Society Hill S.C.(19) OCCUPATION Field work(21) 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 born alive at 12:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Singleton
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. F. J. Hursey Rt 3
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 19 (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.