

(1) PLACE OF BIRTH

County of SpartanburgTownship of Cherokee

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
44800

Inc. Town of Registration District No. 44800 Registered No. 55
(For use of Local Registrar)
City of (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

(1) SEX OR <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 31</u> 19 <u>23</u> (Month) (Day) (Year)
(8) FATHER'S FULL NAME <u>John Lawler</u>		(9) MOTHER NAME BEFORE MARRIAGE <u>Janie Bell Bishop</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Cherokee S.C. R2</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Cherokee S.C. R2</u>		
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(16) BIRTHPLACE <u>S.C.</u>		(17) BIRTHPLACE <u>South Carolina</u>		
(18) OCCUPATION <u>Merchant & farmer</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>8</u>		(21) Number of children of this 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 born alive to a M.,
on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. B. Cook
(24) (Title) Physician (25) Address of Physician or Midwife Cherokee S.C.

(Given name added from a supplement-
tal report)(26) Witness (Signature of Witness necessary only
if section 22 is signed by mother)(27) Filed 5/2/24 B. C. Anderson
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.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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN N. No. 1. THE OTHERS, No. 2, etc., in question 1.
McCauley of Columbia