

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cherokee
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16709

Registration District No. 40020 Registered No. 63
 (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 Nettie Clement If child is not yet named, make supplemental report as directed

(3) ~~Boy or Girl~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 19, 1922
 (Name of Month) (Day) (Year)

FATHER.

(10) FULL NAME James Clement(11) PRESENT POSTOFFICE OF FATHER Cherokee 32 R1(12) COLOR ed OR RACE (11) AGE AT LAST BIRTHDAY 48 (Years)(13) BIRTHPLACE Spartanburg W.(14) OCCUPATION Farmer(15) Number of children born to mother, including present birth 18

MOTHER.

(16) NAME BEFORE MARRIAGE Oda Dodd(17) PRESENT POSTOFFICE OF MOTHER Cherokee 32 R1(18) COLOR ed OR RACE (17) AGE AT LAST BIRTHDAY 38 (Years)(19) BIRTHPLACE Spartanburg W.(20) OCCUPATION House work(21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Hattie Clement(24) State whether Physician or Midwife Mid wife (25) Address of Physician or Midwife Cherokee 32 R1

Given name added from a supplemental report:

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

(27) Filed 6/1 1922 (28) J. Blackwell 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.

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