

MARGIN RESERVE FOR BINDING. WRITE PLAINLY, WITH ENLARGING END—EVEN IN A PERMANENT RECORD. 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 3.

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20240

Registration District No. Registered No. 51
(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 Robert Earl Easter

If child is not yet named, make supplemental report as directed

3 BOY OR GIRL? Boy 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? yes 7 DATE OF BIRTH May 10 1922
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME James Easter
9 PRESENT POSTOFFICE OF FATHER Cherokee 2 S.C.
10 COLOR OR RACE white 11 AGE AT LAST BIRTHDAY 40 Years
12 BIRTHPLACE S.C.
13 OCCUPATION Farmer
20 Number of children born to mother, including present birth 9

MOTHER.

14 NAME BEFORE MARRIAGE Nora Gaulb
15 PRESENT POSTOFFICE OF MOTHER Cherokee 2 S.C.
16 COLOR OR RACE white 17 AGE AT LAST BIRTHDAY 38 Years
18 BIRTHPLACE S.C.
19 OCCUPATION Housewife
21 Number of children of this mother now living, including present birth 19

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. H. Chapman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Whiskey S.C.

Given name added from a supplemental report

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

(27) Filed May 1922 (28) W. W. Painter 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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