

NOTE: In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the N. M. in question 23. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECORDING COLUMN, E. C.

(1) PLACE OF BIRTH

County of Cherokee
 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

3559

Registration District No. 1001 B. Registered No. 11
 (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 Margaret Elmore Hull If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 16, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Camel W. Hull
 (9) PRESENT POSTOFFICE OF FATHER Fanner N. C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Duncan
 (15) PRESENT POSTOFFICE OF MOTHER Fanner N. C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 15 (Years)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:55 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jos. Oates
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fanner N. C.

Given name added from a supplemental report

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

(27) Filed Mar 6, 1922 (28) J. H. Davidson
 Registrar Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.