

MATCH REGISTERED FOR BINDING

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 5.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Cherokee
 or
 Inc. Town of

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

File No.—For State Registrar Only
25324

Registration District No. 1000 a Registered No. 76
 (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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 19</u> 19 <u>22</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Nancy Patterson</u>			(14) NAME BEFORE MARRIAGE <u>Lula Bolton</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee Falls S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee Falls, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>18</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>Cherokee Co., S.C.</u>			(18) BIRTHPLACE <u>Cherokee Co., S.C.</u>	
(13) OCCUPATION <u>Mill Operative</u>			(19) OCCUPATION <u>H. Wife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Aug Boy alive at 11:20 P. M., on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)

(23) (Signature) D. S. Kauseur M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Beersburg

Given name added from a supplemental report

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

(27) Filed 9-1 1922 (28) Geo. A. Roberts 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.

*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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.