

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

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

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

66229

Registration District No. 4057 a Registered No. 304  
(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 Boy (4) Twin or Triplet? — (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22 1915  
To be answered only in event of Twins or Triplets  
(Same of Month) (Day) (Year)

FATHER  
(8) FULL NAME Jessie Nichols  
(9) PRESENT POSTOFFICE OF FATHER Cherokee R.F.D. 3  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22  
(12) BIRTHPLACE Spartanburg S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 2

MOTHER  
(14) NAME BEFORE MARRIAGE Rennie Randolph  
(15) PRESENT POSTOFFICE OF MOTHER Cherokee R.F.D. 3  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19  
(18) BIRTHPLACE Fancie Cone  
(19) OCCUPATION Housekeeping  
(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 at 9:20 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cherokee S.C.

Given name added from a supplemental report  
.....  
.....  
..... 19 .....

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 24 1916 (28) J. Block 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 15th month of pregnancy.

WCCAN OF COLUMBIA, COLUMBIA, S. C.