

1) PLACE OF BIRTH:

County of Cherokee
 Township of Landrumville
 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

10446

Registration District No. 1002 Registered No. 14
 (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 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 To be answered only in event of Twins or Triplets	6. Are Parents Married?	7. DATE OF BIRTH (Name) (Month) (Day) (Year)
FATHER			MOTHER	
8. FULL NAME			14. NAME BEFORE MARRIAGE	
9. PRESENT POSTOFFICE OF FATHER			15. PRESENT POSTOFFICE OF MOTHER	
10. COLOR OR RACE	11. AGE AT LAST BIRTHDAY (Years)		16. COLOR OR RACE	17. AGE AT LAST BIRTHDAY (Years)
12. BIRTHPLACE			18. BIRTHPLACE	
13. OCCUPATION			19. OCCUPATION	
20. Number of children born to mother, including present birth			21. Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

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

Given name added from a supplement-
 al report

(26) Witness

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

Sam J. Thomas
 Registrar

(27) Filed

Apr 10 1922

(28)

Sam J. Thomas

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 now be reported as stillborn. No report is desired of stillbirths
 before the fifth month of pregnancy.

before the fifth month of pregnancy.