

(1) PLACE OF BIRTH
County of Rich
Township of Butler
OR
Inc. Town of
OR
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
74543

Registration District No. 3801... Registered No. 75...
(For use of Local Registrar)
St.; Ward)

(2) Full Name of Child Maggie Cherry... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 7th 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Mr. Cherry
(9) PRESENT POSTOFFICE OF FATHER Easton J. Route #1
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Rich So
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Margarette Goddard
(15) PRESENT POSTOFFICE OF MOTHER Easton J. Route #1
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Rich So
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 1/2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Dr. J. H. Cherry
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Butler Branch

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness Dr. J. H. Cherry
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 13 1916 (28) Dr. J. H. Cherry 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.