

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokeeor
Inc. Town ofor
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

18000Registration District No. 10004 Registered No. 57
(For use of Local Registrar)

(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? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 26, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Samuel Marian Proctor(9) PRESENT POSTOFFICE OF FATHER Grover, N. C., R.F.D.#1.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Lincoln Co., N. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Three (3)

MOTHER.

(14) NAME BEFORE MARRIAGE Dollie Jane Conner(15) PRESENT POSTOFFICE OF MOTHER Grover, N.C., R.F.D.#1.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE Burke CO., N. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Three (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:45 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. R. Telle(24) State whether Physician or Midwife
Physician(25) Address of Physician or Midwife
Blacksburg, S. C.Given name added from a supplement
report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed June 30, 1922 (28) G. R. Telle
Registrar 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.