Form No. 1

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
MEDICAL OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 20187

(1) PLACE OF BIRTH

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

Registration District No. 4002B. Registered No. 45 (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 Cora Arledge {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? yes | (7) DATE OF BIRTH June 21, 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Harris V Arledge	(14) NAME BEFORE MARRIAGE Edith M Odell
(9) PRESENT POSTOFFICE OF FATHER Spty SC R 2	(15) PRESENT POSTOFFICE OF MOTHER Spty SC R 2
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE NC	(18) BIRTHPLACE NC
(13) OCCUPATION Farmer	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 3	(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 Born alive (Born alive or stillborn) at 4.30 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W W Painter MD

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Cherokee SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed June 1922 (28) W W Painter
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.