Form No. 3

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

File No.—For State Registrar Only
74748

PLACE OF BIRTH

County of _Spartanburg_

Township of _Cherokee_

or Town of _X_

or _X_ (No. .....) ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. _4002b_ Registered No. _778_
(For use of Local Reistrar)

Full Name of Child ..... { If child is not yet named, make supplemental report as directed

BOY OR GIRL _Boy_

(4) Twin or Triplet? _X_ (5) Number in order of birth _1_ (To be answered only in event of Twins or Triplets)

(6) Are Parents Married _Yes_

(7) DATE OF BIRTH _Aug 30_ 191_6_
(Name of Month) (Day) (Year)

FATHER.		MOTHER.
FULL NAME _Jim Cash_	(14) NAME BEFORE MARRIAGE	_Iula Cash_
PRESENT POSTOFFICE OF FATHER _Cowpens - S.C. R#1_	(15) PRESENT POSTOFFICE OF MOTHER	_Cowpens - S.C. R#1_
COLOR OR RACE _White_ (16) AGE AT LAST BIRTHDAY _26_ (Years)	(16) COLOR OR RACE _White_	(17) AGE AT LAST BIRTHDAY _24_ (Years)
BIRTHPLACE _South Car_	(18) BIRTHPLACE	_South Car._
OCCUPATION _Farming_	(19) OCCUPATION	_House work_
Number of children born to mother, including present birth { _Two_	(21) Number of children of this mother now living, including present birth { _Two_	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _Born alive_ at _8:15_ M.,
(Born alive or Stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) _J. B. Terry_

(24) State whether Physician or Midwife _Physician_ (25) Address of Physician or Midwife _Cherokee - S.C._

name added from a supplemental report

..... , 191....

..... Registrar

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

(27) Filed _Aug 30_ 191_6_. (28) _J. B. Blackwell_ Local Registrar.

*If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.