

## (1) PLACE OF BIRTH

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

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

No. for State Registrar Only  
**27776**

Registration District No. 12 P. 5. Registered No. 62  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Thurk Dyer (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 2, 1923</u> (Month of Birth) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>D. J. Dyer</u>			(14) NAME BEFORE MARRIAGE <u>Etha Summerfield</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>McCracken S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>McCracken S.C. P.O. #1</u>	
(10) COLOR OR RACE <u>white</u>			(16) AGE AT LAST BIRTHDAY <u>28</u> (Year)	
(11) BIRTHPLACE <u>N.C.</u>			(17) BIRTHPLACE <u>S.C.</u>	
(12) OCCUPATION <u>Farmer</u>			(18) OCCUPATION <u>Housewife</u>	
(13) Number of children born to mother, including present birth <u>5</u>			(19) Number of children of this mother now living, including present birth <u>4</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(20) I hereby certify that I attended the birth of this child, who was born alive at 2:20 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature)  
Delia Tate

(22) State whether Physician or Midwife  
Midwife

(23) Address of Physician or Midwife  
McCracken S.C. P.O. #1

(Given name added from a supplemental report)

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

(25) Filed

10

(26)

Local Registrar  
J. B. Radgeman

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.