

## (1) PLACE OF BIRTH

County of LaurieTownship of Franklin

Inc. Town of .....

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

25212

Registration District No. 2902Registered No. 76

(For use of Local Registrar)

(No. 3 R 7 D)

St. .... Ward)

(2) Full Name of Child Samuel Clark Cherry

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet 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>Feb. 18, 23</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>H. H. Cherry</u>		(9) MOTHER <u>May C. Ward</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Clinton, S.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Clinton, S.C.</u>		
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>34</u> (Year)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>32</u> (Year)	
(16) BIRTHPLACE <u>Bull. Co. S.C.</u>		(17) BIRTHPLACE <u>Clinton, S.C.</u>		
(18) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>Five</u>		(21) Number of children of this mother now living, including present birth <u>Five</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Five years old on the date above stated.(23) (Signature) B. H. Cherry(24) State whether Physician or Midwife (25) Location of Birth Clinton, S.C.

(Given name added from a supplemental report)

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

(27) Filed Feb 1, 23 (28) 2410 Bailey 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.

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.