

(1) PLACE OF BIRTH

County of Laurie
Township of Franklin
or
Inc. Town of.....
or
City of.....

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. 2902 Registered No. 76
(For use of Local Registrar)

(No. 3 R 7 D)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 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 Twins or Triplets	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)
FATHER		MOTHER		
8) FULL NAME <u>H. G. Cherry</u>	14) NAME BEFORE MARRIAGE <u>May DeWard</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Clinton, S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Clinton, S.C.</u>			
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>34</u> (Year)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>32</u> (Year)	
12) BIRTHPLACE <u>Berk. Co. Ga.</u>	18) BIRTHPLACE <u>Charleston, S.C.</u>			
13) 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 at 2:00
on the date above stated. (Date of birth) (Hour of day)

(23) (Signature) B. H. Cherry
(24) State whether Physician or Midwife (25) Signature of Registrar or Midwife

(Given name added from a supplemental report)

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

(27) Filed Feb 18, 23 (28) J. H. 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.

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PREPARED BY THE STATE BOARD OF HEALTH, COLUMBIA, S. C.