

## (1) PLACE OF BIRTH

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25087

Registration District No. 2ARegistered No. 1143  
(For use of Local Registrar)

## (2) Full Name of Child

(No. 60 Graden St.; ..... Ward)  
Baby Letitia

3) BOY OR GIRL?

Boy

4) Two or triplet?

Two

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH 8/1119 22  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

Arthur Brown

9) PRESENT POSTOFFICE OF FATHER

60 Graden

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

(Years)

73

(12) BIRTHPLACE

John Island Ab

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Letitia

(15) PRESENT POSTOFFICE OF MOTHER

60 Graden St

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

(Years)

72

(18) BIRTHPLACE

John Island Ab

(19) OCCUPATION

House

20) Number of children born to mother, including present birth

two

(21) Number of children of this mother now living, including present birth

one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:45 A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician 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

11/5 19 22 Merrie L. ...  
Local Registrar19  
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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