

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cherokee
 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

30191

Registration District No. 400-2-8 Registered No. 110
 (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

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

(3) Sex MALE (4) Twin or Triplet ✓ (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 5-23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Hallifield
 (9) PRESENT POSTOFFICE OF FATHER Cherokee RFD
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE NC
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ma Thompson
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee RFD
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE NC
 (19) OCCUPATION Housekeeping
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) S. E. Ditt
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Physician Cherokee

Given name added from a supplemental report

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

(26) Filed 10/10 19 23 (27) 3 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.