

(1) PLACE OF BIRTH

County of *Spokane*Township of *Cherokee*

In 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

44785

Registration District No. *40920* Registered No. *28*

(For use of Local Registrar)

(2) Full Name of Child

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

(a) SEX OR GIRL? *girl* (b) Twin or triplet? *X* (c) Number in order of birth *1* (d) Are Parents Married? *Yes* (e) DATE OF BIRTH *July 28, 23* (f) of Month (Day) (Year)

FATHER: (a) FULL NAME *Joe over Cook* (b) PRESENT POSTOFFICE OF FATHER *Chesnee S.C.* (c) COLOR OR RACE *white* (d) AGE AT LAST BIRTHDAY *24* (e) BIRTHPLACE *S.C.* (f) OCCUPATION *Farmer* (g) Number of children born to mother, including present birth *4*

MOTHER: (a) NAME BEFORE MARRIAGE *Oliver Green* (b) PRESENT POSTOFFICE OF MOTHER *Chesnee S.C.* (c) COLOR OR RACE *white* (d) AGE AT LAST BIRTHDAY *26* (e) BIRTHPLACE *S.C.* (f) OCCUPATION *House wife* (g) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *6:20 p.m.* on the date above stated. (If stillborn, state date and hour A. M. or P. M.)(23) (Signature) *J. B. C. Anderson* (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Chesnee S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *5/5/24* (28) *B. C. Anderson* 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.