

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Cherokee  
 Township of Morgan  
 or  
 Inc. Town of X  
 or  
 City of X  
 (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

701

Registration District No. 10044 3 Registered No. 14  
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 23, 1922  
 (Specify Month (Day) (Year))

FATHER.

(8) FULL NAME Ed. Scruggs  
 (9) PRESENT POSTOFFICE OF FATHER Cherokee S.C. R3  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 49 (Year)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Jolly  
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee S.C. R3  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Year)  
 (18) BIRTHPLACE N.C.  
 (19) OCCUPATION House wife  
 (21) 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 7 P.M., on the date above stated. (Born alive or stillborn, (Hour, M. or P. M.))

(23) (Signature) L.B. Wash  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cherokee S.C.

Given name added from a supplemental report

Mr. Wash  
Cherokee S.C.

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

(27) Filed 3 10 (28) L.B. Scruggs Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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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