

(1) PLACE OF BIRTH  
County of Cherokee

Township of Cherokee

Inc. Town of Cherokee

City of Cherokee

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Matthew Praelzitt

(3) SEX OR GIRL? Boy

(4) AGE or Triplet? 1

(5) Number in order of birth 1

(6) Are Parents married? Yes

(7) DATE OF BIRTH Apr. 4 22

(8) NAME OF MONTH (Day) (Year)

(9) FULL NAME Matthew Praelzitt

(10) PRESENT POSTOFFICE OF FATHER Chas. S. C.

(11) COLOR OR RACE N

(12) BIRTHPLACE Pa.

(13) OCCUPATION Inspector

(14) Number of children born to mother, including present birth 3

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

10252

Registration District No. 1A

Registered No. 533

(For use of Local Registrar)

St. Cherokee Ward 1

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

(14) NAME BEFORE MARRIAGE Aida Stalnaker

(15) PRESENT POSTOFFICE OF MOTHER Chas. C.

(16) COLOR OR RACE W.

(17) AGE AT LAST BIRTHDAY 20

(18) BIRTHPLACE Pa.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was born live at 8:25 on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) J. H. Hanning

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

and

When name noted from a supplemental report

2/3/45

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

(26) Date 4/10/22 (27) J. Mermaid Green Jr. 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.

103 CENSUS

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