

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Orinda
 or
 Inc. Town of

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

Registration District No. 2901
 Registered No. 41300

(2) Full Name of Child

(a) SEX Male (b) Age 1 yr (c) Date of Birth Jan 8 1910
 (d) Is child named after a living person? Yes

FATHER.
 (1) Full Name Frank H. Hoot
 (2) Present Residence Quincy, S.C.
 (3) Color White (4) Age at last birthday 27
 (5) Birthplace S.C.
 (6) Occupation Farmer

MOTHER.
 (1) Name before marriage Mollie Thompson
 (2) Present Residence Quincy - S.C.
 (3) Color White (4) Age at last birthday 27
 (5) Birthplace S.C.
 (6) Occupation Housework
 (7) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Date A. M. or P. M.)

(29) Signature H. B. Stewart (30) State North Carolina
 (31) Address of Physician or Midwife Quincy, S.C.

Given name added from a supplemental report

(32) Witness (signature of witness necessary only when question 28 is signed) W. Mahan
 (33) Date Jan 8 1910 (34) Local Registrar

When there was an 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.

Form No. 1. THE OTHER, No. 2, etc., in question 1.