

## (1) PLACE OF BIRTH

County of CherokeeTownship of Cherokeeor  
Inc. Town of .....or  
City of .....

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

Registration District No. 1000ARegistered No. 10

(For use of Local Registrar)

## (2) Full Name of Child

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

(a) SEX OR NAME Boy (b) AGE 17 (c) MONTH 17 (d) DAY 23 (e) YEAR 23

(f) FATHER'S NAME John Williams (g) MOTHER'S NAME Alma Foster

(h) FATHER'S ADDRESS Cherokee Co. Ga. (i) MOTHER'S ADDRESS Cherokee Co. Ga.

(j) COLOR OR RACE W (k) GREAT LAST BIRTHDAY 36 (l) COLOR OR RACE W (m) GREAT LAST BIRTHDAY 26

(n) BIRTHPLACE SC (o) BIRTHPLACE SC

(p) OCCUPATION Farmer (q) OCCUPATION HW

(r) Number of children born to mother, including present birth 3 (s) Number of children of the mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Alternative or stillborn) (M. or F. M.)(23) (Signature) T. H. Foster(24) State whether Physician or Midwife MD(25) Address of Physician or Midwife Cherokee Co. Ga.

Given name added from a supplemental report

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

(27) Filed Feb 13 (28) G. R. Roberts Local Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make this report, if a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.

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