

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 Jefferson
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
3692

Registration District No. 1204 Registered No. 5
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL boy (4) Twin or Triplet? no (5) Number in order of birth
To be answered only in case of Twins or Triplets (6) Age Parents Married? yes (7) DATE OF BIRTH Feb. 20, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Boone
(9) PRESENT POSTOFFICE OF FATHER Jefferson SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36
(Years) (12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mayme Mills
(15) PRESENT POSTOFFICE OF MOTHER Jefferson SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
(Years) (18) BIRTHPLACE SC
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:35 A. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Joseph P. Thomas
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Jefferson SC

Given name added from a supplemental report

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

(27) Filed 19 (28) D. L. Blackburn 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.

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