

WRITE PLAINLY, WITH INK. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. READ INSTRUCTIONS FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 8.

**(1) PLACE OF BIRTH**  
 County of Cherokee S.C.  
 Township of Cherokee  
 Inc. Town of .....  
 City of .....  
 (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  
**23957**

Registered No. 98  
 (For use of Local Registrar)

Registration District No. 1203

(No. .... St.; .... Ward)

**(2) Full Name of Child** ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boys</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 3 1923</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Geater Davis</u>		(14) NAME BEFORE MARRIAGE <u>Fanny Boatright</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee S.C.</u>		(10) PRESENT POSTOFFICE OF MOTHER <u>Cherokee S.C.</u>		
(16) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)		(18) COLOR OR RACE <u>white</u>
(15) BIRTHPLACE <u>S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)		
(13) OCCUPATION <u>Farmer</u>		(19) BIRTHPLACE <u>S.C.</u>		
(15) OCCUPATION <u>Housewife</u>		(20) OCCUPATION		
(21) Number of children born to mother, including present birth <u>11</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was ..... at 5-39 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife  
Cherokee

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

(27) Filed Aug 10 1923 (28) M. S. Water  
 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.