

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cherokee
 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

16704

Registration District No. 40020 Registered No. 56
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 11 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 22 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. W. Blanton(9) PRESENT POSTOFFICE OF FATHER Cherokee, N.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Blanton(15) PRESENT POSTOFFICE OF MOTHER Cherokee, N.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Housekeeping(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. Blanton at 9 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour) (M. or P.M.)

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

Given name added from a supplemental report

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

(27) Filed 6/10 1922 (28) J. B. Blackwell 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.