

(1) PLACE OF BIRTH

County of Cherokee  
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

Registration District No. 1102

File No.—For State Registrar Only

33705

Registered No. 132  
(For use of Local Registrar)

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

(2) Full Name of Child James Miles

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

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>9-24-22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>James Miles</u>			14) NAME BEFORE MARRIAGE <u>Eldora Moore</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Cherokee</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee</u>	
10) COLOR OR RACE <u>Col</u>	11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	16) COLOR OR RACE <u>Col</u>	17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
12) BIRTHPLACE <u>Cherokee</u>			18) BIRTHPLACE <u>Cherokee</u>	
13) OCCUPATION <u>Railroad Work</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>One</u>			21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Hall  
(24) State whether Physician or Midwife Midwife  
(25) Address of Physician or Midwife Cherokee

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]  
(27) Filed Oct 19 1922 (28) [Signature] 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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