

(1) PLACE OF BIRTH

County of Cherokee  
Township of Cherokee  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

27610

Registration District No. 10004 Registered No. 23  
(For use of Local Registrar)

City of ..... (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 BOY OR GIRL Boy (4) Twin or Triplet?  (5) Number in order of birth ..... (6) Are Parents Married?  (7) DATE OF BIRTH Sept 3 1923  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8 FULL NAME Ed Ramsey (14) NAME BEFORE MARRIAGE Mary Messer

9 PRESENT POSTOFFICE OF FATHER Cherokee Falls SC (15) PRESENT POSTOFFICE OF MOTHER Cherokee Falls SC

(16) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (18) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Year) (Year)

12 BIRTHPLACE SC (19) BIRTHPLACE NC

13 OCCUPATION Mill operator (19) OCCUPATION Mill operator

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M.,  
on the date above stated. Victor M. Roberts (Physician or Midwife) (23) Address of Physician or Midwife Blair SC

(23) (Signature) Victor M. Roberts (24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Blair SC

Given name added from a supplemental report

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

(27) Filed Oct 12 1923 (28) J. C. C. (Kuhn) 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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