

## (1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee Falls

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

No. 3330Registration District No. 1A.9.9A Registered No. 24  
(For use of Local Registrar)

## (2) Full Name of Child

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

1) SEX OR ONLY <b>Boy</b>	2) Type or Rights To be reported only in case of Twin or Triplet	3) Number in order of birth	4) Sex Male <b>Yes</b>	5) DATE OF BIRTH <b>Feb. 21, 28</b> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
6) FULL NAME <b>Blackman Martin.</b>			14) NAME BEFORE MARRIAGE <b>Maggie Martin.</b>	
9) PRESENT POST OFFICE OF FATHER <b>Cherokee Falls S.C.</b>			15) PRESENT POST OFFICE OF MOTHER <b>Cherokee Falls S.C.</b>	
10) COLOR OR RACE <b>White</b>			16) COLOR OR RACE <b>White</b>	
11) AGE AT LAST BIRTHDAY <b>39</b> (Years)			17) AGE AT LAST BIRTHDAY <b>28</b> (Years)	
12) BIRTHPLACE <b>S.C.</b>			18) BIRTHPLACE <b>S.C.</b>	
13) OCCUPATION <b>Mill Operator.</b>			19) OCCUPATION <b>house wife</b>	
20) Number of children born to mother, including present birth <b>4</b>			21) Number of children of this mother now living, including present birth <b>1</b>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **alive** **9 28** M.,  
on the date above stated. (Signature of Physician or Midwife) **Victor M. Bond** (M., or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

**Physician**

(25) Address of Physician or Midwife

**Blacksburg S.C.**

Given name and date of birth of child

(26) Witness

(Signature of Witness necessary only  
when question 22 is signed by mark)(27) Date **Feb. 25, 23** (28) **Geo. A. Roberts**  
Local Registrar\*When child is born in a hospital or institution, the father, householder, etc., should make this return.  
If a child is born in a home, it should not be reported as stillborn. No report is desired of stillbirths  
before the fifth month of pregnancy.