

(1) PLACE OF BIRTH

County of *Cherokee*

Township of

or
Inc. Town ofCity of *Cherokee*

(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

80527

11/19

Registration District No. Registered No.
(For use of Local Registrar)(2) Full Name of Child *Sadie Jurell*

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

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Dec 15* 191*6*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Jurell

(9) PRESENT POSTOFFICE OF FATHER

22 Elliott

(10) COLOR OR RACE

col(11) AGE AT LAST BIRTHDAY *23*
(Years)

(12) BIRTHPLACE

city

(13) OCCUPATION

bus. laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lilly Mitchell

(15) PRESENT POSTOFFICE OF MOTHER

22 Elliott

(16) COLOR OR RACE

col(17) AGE AT LAST BIRTHDAY *21*
(Years)

(18) BIRTHPLACE

city

(19) OCCUPATION

Washerwoman

(20) Number of children born to mother, including present birth

2

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10* *A.* M.,
on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Edith J. Bryant

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Madison**10 Clark*

Given name added from a supplemental report

191*6*

Registrar

(26) Witness

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

(27) Filed *10/17* 191*6*

(28)

J. M. ...
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.

fifth month of pregnancy.

fifth month of pregnancy.

or stillbirths before the