

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

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

20176

(No. St.; Ward)
 Institution give name of same (instead of street and number.)

(2) Full Name of Child Thomas Clifford Paston { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of Birth	(6) Are Parents Married? <i>yes</i>	BIRTH <i>June 24, 1922</i> (Same of Month) (Day) (Year)
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FATHER.

MOTHER.

8) FULL NAME James Pastor

(14) NAME BEFORE MARRIAGE *Hara Robbins*

9) PRESENT POSTOFFICE OF FATHER Cherakay & CR2

(15) PRESENT POSTOFFICE OF MOTHER Cherokee SCR2

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE N.C.

(18) BIRTHPLACE *SL*

13) OCCUPATION
Farmer

(19) OCCUPATION Housewife

22) Number of children born to mother, including present birth {

(21) Number of children of this mother now living, including present birth { 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive... M.,
on the date above stated. (Born alive or stillborn) (Hour 2:30 or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 24 1922 (28) Local Registrar.

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.