

(1) PLACE OF BIRTH

County of Spartanburg
Township of Cherokee

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

File No. - For State Registrar Only
5238

Inc. Town of

Registration District No. 40029 Registered No. 18
(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 Mattie Lee Mills If child is not yet named, make supplemental report as directed

(3) SEX girl (4) Twin or Triplet X (5) Number in order of birth X (6) Are Parents Married yes (7) DATE OF BIRTH Feb 20 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Mills
(9) PRESENT POSTOFFICE OF FATHER Cherokee DCR 2
(10) COLOR OR RACE Caucas (11) AGE AT LAST BIRTHDAY 46
(12) BIRTHPLACE N.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Crawford
(15) PRESENT POSTOFFICE OF MOTHER Cherokee DCR 2
(16) COLOR OR RACE Caucas (17) AGE AT LAST BIRTHDAY 46
(18) BIRTHPLACE N.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was white at 2:00 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. D. W. Hornet
(24) State whether, Physician or Midwife (25) Address of Physician or Midwife Cherokee DCR 2

Given name added from a supplemental report

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

(27) Filed Feb 23 1923 (28) J. B. Schuch 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.