

25320

Registered No. 72
(For use of Local Registrar)

(2) Full Name of Child

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

BIRTH... Aug... 1... 1922
(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Bell Bolin

(15) PRESENT POSTOFFICE OF MOTHER Cherokee Falls, S. C.

(17) AGE AT LAST BIRTHDAY.....28.....
(Year)

Cherokee Co., S.C.

(18) BIRTHPLACE

York Co., S. C.

(13) OCCUPATION

(19) OCCUPATION

Cotton Mill Operative

Housewife

(20) Number of children born to mother, including present birth { Four (4).

(21) Number of children of this mother now living, including present birth **Four (4).**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:05 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Blacksburg, S. C.

Given name added from a supplemental report

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

(27) Filed 9-1-1972 (28) *Res. A. [illegible]*
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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