

(1) PLACE OF BIRTH

County of Pickens
 Township of Pickens
 or
 Inc. Town of
 or
 City of

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

No. 18.—For State Registrar Only
18848

Registration District No. 3704

Registered No. 79
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Emmis S. Cash

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

(3) BOY OR GIRL Girl (4) Twin or Triplet
 To be answered only in event of Twin or Triplet

(5) Are Parents Married? Yes

(7) DATE OF BIRTH June 29, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Emory Cash

(9) PRESENT POSTOFFICE OF FATHER Pickens, S.C. Rd 2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
 (Year)

(12) BIRTHPLACE Bakersham Co., Ga

(13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE Grace Madden

(15) PRESENT POSTOFFICE OF MOTHER Pickens, S.C. Rd 2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
 (Year)

(18) BIRTHPLACE Anderson Co., S.C.

(19) OCCUPATION Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born on the date above stated.

(23) (Signature) J. H. Hall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Emmis S. Cash
Sept. 20, 1923
 Registrar

(26) Witness

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

(27) Filed

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(28)

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.