

1(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19164

County of Franklin
Township of Cherokee
or
the Town of

Registration District No. 4002 Registered No. 22
(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.)
If child is not yet named, make

(2) Full Name of Child

3 ~~DATE OF~~
(DAY)

(4) Twin or Triplet *Twin* (5) Number in order of birth *7*

To be answered only in event of Twin or Triplet

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH 24/13/23
(Name of Month) (Day) (Year)

FATHER.

2 FULL James J. [illegible]

PRESENT
POSTOFFICE
OF FATHER *Harriet FH 192*

10 COLOR OR RACE *W*

(11) AGE AT LAST BIRTHDAY *45*
(Years)

13. INTRODUCED

13. REPRODUCTION

25 Number of children born to
father, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Paula

(18) PRESENT POSTOFFICE OF MOTHER Harri St 120

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *4-9*

110 NORTHPLACE 2

(10) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was 13 years old (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. 104:13

(26) Signature _____ (28) Address of Physician or Midwife _____
(24) State, whether Physician or Midwife _____

Given name added from a supplement-
tal report

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

(17) Filed 7/10 1923 (20) 3 Blocher
Local Registrar.

19 (27) Filed
 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.