

(1) PLACE OF BIRTH

County of CherokeeTownship of Indian

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

3323

Registration District No. 1.000 Registered No. 18 (For use of Local Registrar)(2) Full Name of Child Paula Jean McWhorter If child is not yet named, make supplemental report as directed

(1) SEX <input checked="" type="checkbox"/> BOY <input type="checkbox"/> GIRL	(2) Type or Tissue To be covered only in case of Twin or Triplet	(3) Number in order of birth <u>25</u>	(4) Age Months Yes	(5) DATE OF BIRTH <u>Feb 7th 23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(6) FULL NAME <u>Will McWhorter</u>			(14) NAME BEFORE MARRIAGE <u>Lola Roberta</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Blacksburg S.C.R.F.D.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Blacksburg S.C.R.F.D.</u>	
(16) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)	
(18) BIRTHPLACE <u>S.C.</u>			(19) BIRTHPLACE <u>S.C.</u>	
(20) OCCUPATION <u>FARMER</u>			(21) OCCUPATION <u>House wife.</u>	
(22) Number of children born to mother, including present birth <u>7</u>			(23) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M. on the date above stated. (Born alive or stillborn? Alive or P.M.)(25) (Signature) John M. Roberts(26) State whether Physician or Midwife
M.D.(27) Address of Physician or Midwife
Blacksburg S.C.

Given name added from a supplemental report

John M. Roberts

(28) Witness (Signature of Witness necessary only when question 24 is signed by mark)

(29) Date Feb 9 1923 (30) A. Roberts Local Registrar

When this child is born of a woman who is a householder, then the father, householder, etc. should make this return. If a child is born of a woman who is not a householder, then the father, householder, etc. should make this return. No report is desired of stillbirths before the fifth month of pregnancy.