

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokeeor
Inc. Town of Blacksburg,or
City of

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

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 28, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Henry Fred Jones(9) PRESENT POSTOFFICE OF FATHER Blacksburg, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41
(Years)(12) BIRTHPLACE Co. Gaston, N. C.

(13) OCCUPATION

Cotton Mill Operative(20) Number of children born to mother, including present birth {Ten(10).}

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Elizabeth Webber(15) PRESENT POSTOFFICE OF MOTHER Blacksburg, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE Cherokee Co., S. C.

(19) OCCUPATION

Housewife(21) Number of children of this mother now living, including present birth {seven(7).}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. K. Roberts

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Blacksburg, S. C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9-10-22 (28) Des A Roberts
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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