

(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

41660

County of CherokeeTownship of Cherokee

or

Loc. Town of

or

City of

Registration District No. 1203Registered No. 14-3

(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 Harold Armand Welch

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 1st 1912</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME <u>Gen. H. H. H. H.</u>	(14) NAME BEFORE MARRIAGE <u>Bessie M. Rayford</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee Co. S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee Co. S.C.</u>
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(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
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(12) BIRTHPLACE <u>Cherokee Co. S.C.</u>	(18) BIRTHPLACE <u>Cherokee Co. S.C.</u>
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(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housekeeping</u>
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(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:10 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Cherokee Co. 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 Jan 8 1913 (28) M. S. Watson 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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