

(1) PLACE OF BIRTH

County of Cherokee
 Township of Cash
 or
 Inc. Town of.....
 or
 City of.....

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

File No.—For State Registrar Only
33757

Registration District No. 1202 Registered No. 6-6
 (For use of Local Registrar)

(No. St.; Ward)
 (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? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Sept 20, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Edwin
 (9) PRESENT POSTOFFICE OF FATHER Chestfield
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 3
 (12) BIRTHPLACE Marion Co. Ga.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary McLean
 (15) PRESENT POSTOFFICE OF MOTHER Chestfield
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
 (18) BIRTHPLACE Durham Co. N.C.
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... at..... M., on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) J. G. McLean
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Chestfield

Given name added from a supplemental report

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

(27) Filed Nov 9, 1922 (28) J. A. Davis 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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Registrar Only

Local Registrar
 Ward
 number.)

named, make as directed

1922
 (Day) (Year)

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1.30 A.M.

A. M. or P. M.)

Local Registrar

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Local Registrar

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