

(1) PLACE OF BIRTH

County of *Marion*
Township of *Cherokee*

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

2491

In Town of Registration District No. *4002a* Registered No. *20*
(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.)

2) Full Name of Child

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

(3) BOY OR GIRL? *Boy*(4) Twin or triplet? *+*(5) Number in order of birth *1*
To be answered only in event of twins or triplets(6) Are *yes* Married?(7) DATE OF BIRTH *Jan. 11 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Stephen C. Ponder*(9) PRESENT POSTOFFICE OF FATHER *Cherokee D.C. #2*(10) COLOR *White* (11) AGE AT LAST BIRTHDAY *24*
(Years)(12) BIRTHPLACE *N.C.*(13) OCCUPATION *Farming*(14) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lillie Champion*(15) PRESENT POSTOFFICE OF MOTHER *Cherokee D.C. #2*(16) COLOR *White* (17) AGE AT LAST BIRTHDAY *20*
(Years)(18) BIRTHPLACE *N.C.*(19) OCCUPATION *House wife*(20) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *B. alive* at *10:30 A.M.* on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) *Mrs. Mary J. Garrett*
(24) State whether Physician or Midwife (25) Name of Physician or Midwife *Midwife Cherokee D.C. #1*

Given name added from a supplemental report

(26) Witness *W. B. Lockman*
(Signature of Witness necessary only when Question 23 is signed by mark)(27) Filed *2/4 1922* (28) *W. B. Lockman* 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.

Before the birth of a child, the mother should be registered.