

Form No. 1

## (1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee

OR

Inc. Town Cherokee

OR

City of Cherokee(No. .... St.; .... Ward)  
(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

File No. - For State Registrar Only

28482

Registration District No. 22-00Registered No. 119  
(For use of Local Registrar)(2) Full Name of Child Eugene Arthur

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

1) BOY OR  
GIRL? Boy4) Twin  
or Triplet? No5) Number in  
order of birth  
To be answered only in event of Twin or Triplet(6) Are Parents  
Married? Yes(7) DATE OF  
BIRTH Oct 2 1923  
(Name of Month) (Day) (Year)

## FATHER

8) FULL  
NAME Eugene Arthur9) PRESENT  
POSTOFFICE  
OF FATHER Cherokee(10) COLOR  
OR  
RACE B(11) AGE AT LAST  
BIRTHDAY 28  
(Years)12) BIRTHPLACE Cherokee13) OCCUPATION Farming20) Number of children born to  
mother, including present birth 1

## MOTHER

(14) NAME BEFORE  
MARRIAGE Eugene W. Suckow(15) PRESENT  
POSTOFFICE  
OF MOTHER Cherokee(16) COLOR  
OR  
RACE B(17) AGE AT LAST  
BIRTHDAY 21  
(Years)(18) BIRTHPLACE Cherokee(19) OCCUPATION Housewife(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 born alive or stillborn at 3 P. M.,  
on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)(23) (Signature) M. C. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Cherokee(Given name added from a supplement-  
tal report)(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Oct. 10 1923 (28) L. P. Richardson  
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.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 1

Model of Columbia, Columbia, S. C.