

(1) PLACE OF BIRTH

County of CherokeeTownship of CherokeeInn, Town or CourthouseCity of Courthouse

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

(2) Full Name of Child Earl Newton Starnes(3) SEX OF CHILD Boy (4) Type of Infant Full (5) Number in order of birth 1 (6) Age of Mother 24 (7) DATE OF BIRTH June 2, 1913

FATHER		MOTHER	
(8) FULL NAME <u>Oletha Starnes</u>	(10) NAME BEFORE MARRIAGE <u>Mable Wilson</u>	(10) PRESENT RESIDENCE OF FATHER <u>Kings Creek S.B.</u>	(10) PRESENT RESIDENCE OF MOTHER <u>Kings Creek S.B.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u>
(12) BIRTHPLACE <u>Rock Co S.B.</u>	(12) BIRTHPLACE <u>Rock Co S.B.</u>	(13) OCCUPATION <u>Farmer</u>	(13) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Hour A. M. or P. M.) 4:30(23) (Signature) Mary E. Starnes(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Kings Creek S.B.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) R. D. Starnes(27) Filed July 2, 1913 (28) J. A. Whisonant 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.