

(1) PLACE OF BIRTH

County of Spartanburg
Township of Cherokee

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

74744

or
Inc. Town of X Registration District No. 4002a Registered No. 224
(For use of Local Registrar)or
City of X (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? X (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Aug 13 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jud McDowell(9) PRESENT POSTOFFICE OF FATHER Cherokee S.C. Rt. 3(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE South Car.(13) OCCUPATION Farming(16) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Malissa Burnett(15) PRESENT POSTOFFICE OF MOTHER Cherokee S.C. Rt. 3(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE North Carolina(19) OCCUPATION House work(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:00 A.M. on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Cook(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cherokee 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 Aug 15 1916 (28) J. B. Blockwell 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.