

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cherokee
 or
 Inc. Town of Cherokee
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
22600

Registration District No. 7000 Registered No. 67
 (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 Grant Bailey 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 _____ 6. Are Parents Married? yes 7. DATE OF BIRTH July 14 1923
 (If born in a hospital or other institution, give name of same instead of street and number.)

FATHER.

8. FULL NAME Jim Nelson Bailey
 9. PRESENT POSTOFFICE OF FATHER Cherokee, S.C.
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 20
 12. BIRTHPLACE Cherokee Co. S.C.
 13. OCCUPATION Patron Mill work

MOTHER.

14. NAME BEFORE MARRIAGE Ella Cross
 15. PRESENT POSTOFFICE OF MOTHER Cherokee, S.C.
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY _____
 18. BIRTHPLACE Spartanburg Co. S.C.
 19. OCCUPATION Domestic
 20. Number of children born to mother, including present birth 1
 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 alive at 6:45 AM, on the date above stated. (Born alive or stillborn Hour M. or P. M.)

(23) (Signature) C. L. Hanna
 (24) State whether Physician or Midwife (25) Address of Phys. or Midwife Cherokee, S.C.

Given name added from a supplemental report

Samuel L. Bailey
Ch. 19 1923
 Registrar

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

(27) Filed July 14 1923 (28) C. L. Hanna 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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