

(1) PLACE OF BIRTH

County of LexingtonTownship of 11or
Inc. Town of 11or
City of 11

(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

8374

Registration District No. 3109 Registered No. 21
(For use of Local Registrar)(No. 11 St. 11 Ward 11)(2) Full Name of Child Melba Price Cherry (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Feb 2 22
(Name of Month) (Day) (Year)(8) FULL NAME OF FATHER John J. Cherry(9) PRESENT POSTOFFICE OF FATHER Lexington, SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Year)(12) BIRTHPLACE Lex Co(13) OCCUPATION Farmer & Butcher(20) Number of children born to mother, including present birth 4(14) NAME BEFORE MARRIAGE Lula Price(15) PRESENT POSTOFFICE OF MOTHER Lexington, SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Year)(18) BIRTHPLACE Lex Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Hour A.M. or P.M.)(23) Signature J. H. Williams (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lexington, SCGiven name added from a supplemental report 19

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

(27) Filed Apr 21 19 22 (28) CR J. H. Williams 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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