

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH
 County of Spartanburg STATE OF SOUTH CAROLINA.
 Township of Cherokee Bureau of Vital Statistics
 or State Board of Health

File No.—For State Registrar Only
50471

Inc. Town of X Registration District No. 4002a Registered No. 155
 or (For use of Local Registrar)
 City of X (No. X 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 John Wesley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Age of Parent 22 (7) DATE OF BIRTH Feb 14 1916
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Jeff. Sougg.
 (9) PRESENT POSTOFFICE OF FATHER Chesnee S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth Three

MOTHER.
 (14) NAME BEFORE MARRIAGE Mandy Cosby
 (15) PRESENT POSTOFFICE OF MOTHER Chesnee S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 9:30 A.M. on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) J. P. DeLoach
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Chesnee S.C.

Given name added from a supplemental report
June 19 1916
J. P. DeLoach Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 14 1916 (28) J. P. DeLoach 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.

N. B.—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 5.
 DEPARTMENT OF COMMERCE—REGISTRATION DIVISION—THIS IS A PERMANENT RECORD.