

## (1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee

Inc. Town of .....

City of .....

(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

27613

Registration District No. 1220A Registered No. 86  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Sarah Ellen Spratt 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 16 23  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME O B Spratt(9) PRESENT POSTOFFICE OF FATHER Blacksburg R.F.D.(10) COLOR OR RACE M (11) AGE AT LAST BIRTHDAY 45  
(Year)(12) BIRTHPLACE NC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Maggie Mark(15) PRESENT POSTOFFICE OF MOTHER Blacksburg SC R.F.D. 2(16) COLOR OR RACE M (17) AGE AT LAST BIRTHDAY 40  
(Year)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(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 4 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Theodore M. Roberts(24) State whether Physician or Midwife Midwife (25) Signature of Physician or Midwife Blacksburg

Given name added from a supplemental report

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

(27) Filed 12 1923 (28) Blacksburg 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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