

WHILE PLAINLY WITH UNFADING INC—THIS IS A PERMANENT RECORD
 N. B.—In case of TWINS OR CHILDREN who are MEXICAN, HISPANIC, PORTUGUESE, ITALIAN, etc., and make the
 FATHER'S NAME, No. 1. THE OFFICE, No. 2, etc., in question 4.

(1) PLACE OF BIRTH

County of Cherokee
 Township of North Hope
 or
 Inc. Town of.....
 or
 City of

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

File No.—For State Registrar Only

2208

Registration District No. 3612 Registered No. 1
 (For use of Local Registrar)

(2) Full Name of Child Matthew Allen Marks
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed.

(3) SEX OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF

BIRTH 1/16
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Allen at 3:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour, M., or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28) 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.