

(1) PLACE OF BIRTH

County of CherokeeTownship of CherokeeInc. Town of CountyCity of County

(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

677

Registration District No. 1000B Registered No. 6

(For use of Local Registrar)

2) Full Name of Child Estelle Samier If child is not yet named, make supplemental report as directed(3) SEX OF GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 27 1922 (Name of Month) (Day) (Year)

FATHER

(3) FULL NAME Mack Samier (14) NAME BEFORE MARRIAGE Viola Martin(5) PRESENT POSTOFFICE OF FATHER Blacksburg S.C. (15) PRESENT POSTOFFICE OF MOTHER Blacksburg S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 20(12) BIRTHPLACE Blacksburg S.C. (13) OCCUPATION Farmer (16) BIRTHPLACE Cherokee Co S.C.(14) OCCUPATION Farmer (15) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (How A. M. or P. M.) on the date above stated.(23) (Signature) Emma M. Neachem (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blacksburg S.C.

Given name added from a supplemental report

(26) Witness W. H. W. W. W. (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Feb 6 1922 (28) W. H. W. W. W. 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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