

FORM NO. 4
 MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

(1) PLACE OF BIRTH

County of *Cherokee*Township of *Cherokee*or
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

83068

Registration District No. *3613*Registered No. *169*
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

(3) BOY OR
GIRL? *Boy*(4) Twin
or Triplet? *X*(5) Number in
order of birth *X*

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married? *Yes*(7) DATE OF
BIRTH *Aug. 15*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME *James Edward Franklin*(9) PRESENT
POSTOFFICE
OF FATHER *Orby RFD*(10) COLOR
OR
RACE *White*(11) AGE AT LAST
BIRTHDAY *41*

(Years)

(12) BIRTHPLACE *Orby Co*(13) OCCUPATION *Farmer*(20) Number of children born to
mother, including present birth *2*

MOTHER.

(14) NAME BEFORE
MARRIAGE *Gleopatra West*(15) PRESENT
POSTOFFICE
OF MOTHER *Orby RFD*(16) COLOR
OR
RACE *White*(17) AGE AT LAST
BIRTHDAY *30*

(Years)

(18) BIRTHPLACE *Spartanburg Co*(19) OCCUPATION *House wife*(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 *Alive* at *6 p*
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
(23) (Signature) *M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Dr. C. H. Hearn*Given name added from a supplement-
tal report

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *Oct 15 6*

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(28)

A. J. Hairy
Local Registrar
 *When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
 fifth month of pregnancy.

or pregnancy. No report is desired of stillbirths before the