

MARGIN RESERVED FOR BINDING.  
WRITING PLAINLY, WITH UNFADING INK—USE IN 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 8.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Cherokee  
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

20185

Registration District No. 4602 Registered No. 67  
(For use of Local Registrar)

(No. .... 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

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL?

4) Twin

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH June 1, 1922  
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER

8) FULL NAME Henry Hall

9) PRESENT POSTOFFICE OF FATHER Cherokee Rt 02

10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 20 (Years)

12) BIRTHPLACE SC

13) OCCUPATION Farming

20) Number of children born to mother, including present birth 2

MOTHER

14) NAME BEFORE MARRIAGE Jessie Rabbing

15) PRESENT POSTOFFICE OF MOTHER Cherokee Rt 02

16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19 (Years)

18) BIRTHPLACE SC

19) OCCUPATION Housewifery

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 C. Albion at 2 P.M. on the date above stated. (Born alive or stillborn. (Hour A.M. or P.M.)

(23) (Signature) J. M. [illegible]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Cherokee SC

Given name added from a supplemental report

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

(27) Filed June 10, 1922 (28) J. Blockwell 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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