

## (1) PLACE OF BIRTH

County of Cherokee  
 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

No. 10.—For State Registrar Only  
**3320**

Registration District No. 12.00A

Registered No. 25  
 (For use of Local Registrar)

(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 <b>Boy</b>	(4) Twin or Triplet To be reported only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <b>Yes</b>	(7) DATE OF BIRTH <b>Feb. 20, 1923.</b> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <b>Henry Thompson</b>			(14) NAME BEFORE MARRIAGE <b>Hattie Borders</b>	
(9) PRESENT POSTOFFICE OF FATHER <b>Blacksburg, S.C., R. #1.</b>			(15) PRESENT POSTOFFICE OF MOTHER <b>Blacksburg, S.C., R. #1.</b>	
(10) COLOR OR RACE <b>Black</b>	(11) AGE AT LAST BIRTHDAY <b>32</b> (Years)	(16) COLOR OR RACE <b>Black</b>	(17) AGE AT LAST BIRTHDAY <b>37</b> (Years)	
(12) BIRTHPLACE <b>Cherokee CO., S.C.</b>			(18) BIRTHPLACE <b>Cherokee CO., S.C.</b>	
(13) OCCUPATION <b>Farmer</b>			(19) OCCUPATION <b>Housewife</b>	
(20) Number of children born to mother, including present birth <b>(Twelve (12)).</b>			(21) Number of children of this mother now living, including present birth <b>(Twelve (12)).</b>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **born alive** ..... at **8:50 A.M.** on the date above stated.  
 (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife **Physician**  
 (25) Address of Physician or Midwife **Blacksburg, S.C.**

Given name added from a supplemental report

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

(27) Filed **Feb. 25, 1923.** (28) [Signature] Local Registrar.

\*When there has been no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.