

(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

File No.—For State Registrar Only

25317

Registration District No. 1000A Registered No. 68
 (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? Boy	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Aug. 16, 1922 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Herbert Lee Smith			(14) NAME BEFORE MARRIAGE Pearle Lee Meacham	
(9) PRESENT POSTOFFICE OF FATHER Blacksburg, S.C., R.F.D. #2			(15) PRESENT POSTOFFICE OF MOTHER Blacksburg, S.C., R.F.D. #2	
(10) COLOR OR RACE Black	(11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE Black	(17) AGE AT LAST BIRTHDAY 29 (Years)	
(12) BIRTHPLACE Cherokee Co., S. C.			(18) BIRTHPLACE Cherokee Co., S. C.	
(13) OCCUPATION Farmer			(19) OCCUPATION Housewife	
(20) Number of children born to mother, including present birth (One (1)).			(21) Number of children of this mother now living, including present birth (One (1)).	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **born alive** at **11:15 A.M.** on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. L. Little M.D.

(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 9-10-22

(28)

Gesa Roberts
 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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MCGRAW HILL BOOK COMPANY
 1221 AVENUE OF THE AMERICANS
 NEW YORK, N. Y. 10020
 1922

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.

MCGRAW HILL BOOK COMPANY, COLUMBIA, S. C.