

At 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 STATE OF SOUTH CAROLINA.
Township of Franklin Bureau of Vital Statistics
City of Cherokee State Board of Health

File No.—For State Registrar Only
62784

Inc. Town of Cherokee Registration District No. 104 Registered No. 21
City of Cherokee (No. 104 St. 21 Ward 1)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Boy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 13 1916</u> Name of Month (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Alley Green</u>			(14) NAME BEFORE MARRIAGE <u>Mary Liddle</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee, S.C.</u>	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)		(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>Cherokee, S.C.</u>			(18) BIRTHPLACE <u>Cherokee, S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Cherokee, S.C. on the date above stated.
(Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) W. A. Starks

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cherokee, S.C.

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

(27) Filed 6/17/16 (28) E. A. Johnson
Local Registrar

Given name added from a supplemental report
....., 191....

*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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