

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

County of

*Cherokee*

STATE OF SOUTH CAROLINA,

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

62784

Township of

*Fountain Hill*

or

Inc. Town of

*Cuthwille*

Registration District No. *107*

Registered No. *21*

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(No. ....)

St.; ..... Ward)

(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?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married

(7) DATE OF BIRTH

*Jan 13 1906*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

*Alley Green*

(9) PRESENT POSTOFFICE OF FATHER

*Cuthwille S.C.*

(10) COLOR OR RACE

*Col*

(11) AGE AT LAST BIRTHDAY

*36*  
(Years)

(12) BIRTHPLACE

*Colo Co*

(13) OCCUPATION

*Farmer*

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

*1*

MOTHER.

(14) NAME BEFORE MARRIAGE

*Mary Fiddle*

(15) PRESENT POSTOFFICE OF MOTHER

*Cuthwille*

(16) COLOR OR RACE

*Col*

(17) AGE AT LAST BIRTHDAY

*29*  
(Years)

(18) BIRTHPLACE

*Colo Co*

(19) OCCUPATION

*Housewife*

(21) Number of children of this mother now living, including present birth

*1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) *Anna Stokan*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife Cuthwille*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*6/17/06*

(28)

*E. A. Johnson*  
Local Registrar

\*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. Ca. McCaw, of Columbia.

\*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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