

SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(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  
**41465**

Registration District No. 1000-a Registered No. 118  
(For use of Local Registrar)  
(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? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 5 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie Martin  
(9) PRESENT POSTOFFICE OF FATHER Cherokee Falls  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26  
(12) BIRTHPLACE SC  
(13) OCCUPATION mill operator  
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Harris  
(15) PRESENT POSTOFFICE OF MOTHER Cherokee Falls SC  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24  
(18) BIRTHPLACE SC  
(19) OCCUPATION House wife  
(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 alive at 7 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Victor M. Roberts  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Blacksburg

Given name added from a supplemental report

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

(27) Filed 1-10 1923 (28) Jessie A. 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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