

## (1) PLACE OF BIRTH

County of CHEROKEETownship of CHEROKEEor Inc. Town of BLACKSBURGCity of CHEROKEE (No. 1000-A Registration District No. 1000-A Registered No. 11)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Camp

File No.—For State Registrar Only

48455(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE Feb, 4, 1916  
BIRTH (Name & Month) (Day) (Year)FATHER.  
(8) FULL NAME W. Pros. Camp  
(9) PRESENT POSTOFFICE OF FATHER Blackburg Va  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21 (Years)  
(12) BIRTHPLACE Cherokee Co Va  
(13) OCCUPATION By section foreman  
(14) Number of children born to mother, including present birth 1MOTHER.  
(15) NAME BEFORE MARRIAGE Blanche Dover  
(16) PRESENT POSTOFFICE OF MOTHER Blackburg Va  
(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 20 (Years)  
(19) BIRTHPLACE Blackburg Va  
(20) 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 4 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. M. C. Smith  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Blackburg Va

Given name added from a supplemental report

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

(27) Filed Feb 10, 1916. (28) 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.