

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

45758

County of Cherokee

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Hogswallow

Inc. or Town of Registration District No. 110-3 Registered No. 1

City of (No. Cherokee 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 William Rye { 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 6, 1916 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME George Mays (9) PRESENT POSTOFFICE OF FATHER Cherokee St. R. #1 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (12) BIRTHPLACE Cherokee Co. (13) OCCUPATION Farmer (20) Number of children born to mother, including present birth 7

MOTHER. (14) NAME BEFORE MARRIAGE Julia Rye (15) PRESENT POSTOFFICE OF MOTHER Cherokee St. R. #1 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (18) BIRTHPLACE Cherokee Co. (19) OCCUPATION Domestic (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Jan. 6, 1916 at M., on the date above stated. (Born alive or stillborn? (M. or P. M.))

(23) (Signature) George Mays (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cherokee St. R. #1

Given name added from a supplemental report William Rye 1916 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed Feb 10 1916 (28) H. A. Gladden 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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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. McCaw, Columbia

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