

MAINTAIN RECEIVED FOR BENDING.
 WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD
 IN CASE OF TWINNING OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.
 FORM 56
 S. H.—In case of TWINNING OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.
 MED. DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Spartanburg
 Township of Cherokee
 or
 Inc. Town of.....
 or
 City of.....
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
20181

Registration District No. 14002 Registered No. 71
 (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?	4) Twin or Triplet? <u>-</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>5</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 6 1922</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
8) FULL NAME <u>Paul A. Bernath</u>	14) NAME BEFORE MARRIAGE <u>Ferise Kimbrel</u>			
9) PRESENT POS. OFFICE OF FATHER <u>Cherokee R.F.D.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee R.F.D.</u>			
10) COLOR OR RACE <u>W</u>	11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	16) COLOR OR RACE <u>W</u>	17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
12) BIRTHPLACE <u>S.C.</u>	18) BIRTHPLACE <u>S.C.</u>			
13) OCCUPATION <u>Farming</u>	19) OCCUPATION <u>House Keeping</u>			
20) Number of children born to mother, including present birth <u>5</u>	21) Number of children of this mother now living, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 9 P.M. on the date above stated.
 (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) J. E. McIsaac
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Physician Cherokee S.C.

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

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

(27) Filed June 10 1922 (28) J. Blockwell
 Registrar 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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