

WHEN THE FATHER, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.

(1) PLACE OF BIRTH  
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

County of Cherokee  
 Township of Wm. Chatham  
 or  
 Inc. Town of.....  
 or  
 City of..... (No. .... St. .... Ward ..)

Registration District No. 12.05 Registered No. 9  
 (For use of Local Registrar)

File No.—For State Registrar Only  
**3698**

(2) Full Name of Child not named (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 27. 22</u> (Month) (Day) (Year)
FATHER, (8) FULL NAME <u>Cyrus Sellers</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Carrie Jordan</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Ruby S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ruby S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>white</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>Farmer</u>		(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth: <u>7</u>		(21) Number of children of this mother now living, including present birth: <u>7</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
 (22) I hereby certify that I attended the birth of this child, who was born alive at 4.00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>A. M. Newson</u>	(24) State whether Physician or midwife	(25) Address of Physician or Midwife <u>Ruby S.C.</u>
Given name added from a supplemental report		
(26) Witness <u>A. B. Redfern</u>	(Signature of Witness necessary only when question 23 is signed by mark)	
(27) Filed <u>19</u>	(28) <u>A. B. Redfern</u>	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.

STATE OF SOUTH CAROLINA, GEORGETOWN, S. C.