

(1) PLACE OF BIRTH
 County of Cherokee STATE OF SOUTH CAROLINA.
 Township of Cherokee Bureau of Vital Statistics
 State Board of Health

File No. — For State Register Only

723

Inc. Town of Registration District No. 1203 Registered No. 11
 or (For use of Local Registrar)
 City of (No.) (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 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 11 23</u> <small>(Month) (Day) (Year)</small>
(8) FULL NAME <u>Arthur Ellison King</u>		(9) NAME BEFORE MARRIAGE <u>Arlo May Polson</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Cherokee R. 3</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Cherokee R. 3</u>		
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	
(16) BIRTHPLACE <u>Sc</u>		(17) BIRTHPLACE <u>Sc</u>		
(18) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Two</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on Jan 11 23 at Cherokee R. 3 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Arthur Ellison King
 (24) State whether Physician or Midwife Physician

(Given name added from a supplemental report)

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

(26) Filed Jan 13 1923 (27) J. H. S. Watson 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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