

## (1) PLACE OF BIRTH

County of

Spartanburg  
Cherokee

Township of

or

Inc. Town of

or

City of

Chesnut, SC

(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

5764

Registration District No.

4002

Registered No. 21  
(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

Sticks

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

yes

(5) Number in order of birth

4

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH

Jan 22 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

R. F. Sticks

(9) PRESENT POSTOFFICE OF FATHER

Chesnut, SC

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

34 (Years)

(12) BIRTHPLACE

NC

(13) OCCUPATION

Cotton mill Op.

## MOTHER.

(14) NAME BEFORE MARRIAGE

Carter Smith

(15) PRESENT POSTOFFICE OF MOTHER

Chesnut, SC

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

28 (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

6

(21) Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:08 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

O. M. Chapman

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Chesnut, SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 20 22

(28) Local Registrar

J. Blockwell

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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