

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Department of Vital Statistics

State Board of Health

File No. - For State Registrar Only

16702

County of Spartanburg

Township of Cherokee

or
Inc. Town of

or
City of

Registration District No. 4007

Registered No. 54

(For use of Local Registrar)

(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 Statie Liza Jiles

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

(3) BOY OR GIRL?

(4) Twin or Triplet? -

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH

May 2 19 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Jiles

(9) PRESENT POSTOFFICE OF FATHER Cherokee RFD 1

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 20
(Years)

(12) BIRTHPLACE W.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Lillie Wilson

(15) PRESENT POSTOFFICE OF MOTHER Cherokee RFD 1

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housekeeping

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was B. alive at 8 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. E. ...

(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 6/12 19 22 (28) J. Blockwell 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.