

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Gaston  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

## STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
 State Board of Health

Registration District No. ....

File No. — For State Registrar Only

5900

Registered No. ....  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lucy

(3) BOY OR GIRL Girl (4) Twin or Triplet Twin (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 25 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm. C. Cheek  
 (9) PRESENT POSTOFFICE OF FATHER Pendleton S.C.R.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Sullivan  
 (15) PRESENT POSTOFFICE OF MOTHER Pendleton S.C.R.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) (Signature) J. S. R. R.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

19 ..  
Registrar

(27) Filed

19 ..

(28)

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.

Sec. of Columbia, Columbia, S. C.  
 FIRST-BORN. No. 1. THE OTHER. No. 2, etc. In question 1