

Form No 1.

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

File No. 45833 For State Registrar Only

Inc. Town of Registration District No. 1206 Registered No. 14
 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 Mr. T. M. Mame { If child is not yet named, make supplemental report as directed

(3) BOY OR (4) Two or Triplet? (5) Number in order of birth 30 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 12 1912
 (Some of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Smiley Waters
 (9) PRESENT POSTOFFICE OF FATHER Tayahaw-S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Lancaster Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth { 3 }

MOTHER.
 NAME BEFORE MARRIAGE Mellie Kingston
 (15) PRESENT POSTOFFICE OF MOTHER Tayahaw-S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Old Store Township
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth { 3 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. E. Frank
 (24) State whether Physician or Midwife (25) Signature of Physician or Midwife

Given name added from a supplemental report
 191....
 Registrar

(26) Witness P. H. Asant
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 11 1912 (28) T. C. Cat 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.