

(1) PLACE OF BIRTH

County of OrangeburgTownship of Seven

Inc. Town of

OF

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 5619 Registered No. 30
(For use of Local Registrar)

File No.—For State Registrar Only

18766

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

(2) Full Name of Child Mary Ruth Cherry If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH June 13, 1923
(Date of Month) (Day) (Year)

FATHER.

(8) FULL NAME Herbert J. Cherry(9) PRESENT POSTOFFICE OF FATHER Cordova, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38
(Year)(12) BIRTHPLACE Orangeburg County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Berkah Smoan(15) PRESENT POSTOFFICE OF MOTHER Cordova, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31
(Year)(18) BIRTHPLACE Orangeburg County(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 alive at 4:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. L. Mack, M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cordova, 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 7-9-23 at 11:15 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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