

(1) PLACE OF BIRTH

County of CherokeeTownship of CherokeeInc. Town of ChattanoogaCity of Chattanooga

(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

Registered No. 3
(For use of Local Registrar)

(2) Full Name of Child

(a) SEX Male (b) Age 7 (c) Date of Birth Jan 18 1908 (d) Time of Birth 10:00 (e) Place of Birth Chattanooga (f) Name of Mother Mary Ann Hubbard

(a) NAME OF FATHER J. M. Reese
(b) PLACE OF BIRTH Chattanooga, S.C.
(c) COLOR White (d) AGE AT LAST BIRTH 40
(e) OCCUPATION Farmer

(a) NAME OF MOTHER Mary Ann Hubbard
(b) PLACE OF BIRTH Chattanooga, S.C.
(c) COLOR White (d) AGE AT LAST BIRTH 30
(e) OCCUPATION Domestic

(2a) Number of children born to mother, including present birth

(2b) Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2c) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Sign alive or stillborn) (Sign A. M. or P. M.)(2d) (Signature) E. B. Hubbard

(2e) State whether Physician or Midwife

(2f) Address of Physician or Midwife

Given name added from a supplementary report

(2g) Witness

(Signature of Witness necessary only when question 2g is signed by mark)

(2h) Filed Jan 18 1908

(2i) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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