

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Durham
Township of Durham

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only
59552

Inc. Town of Registration District No. 1.3.9.1 Registered No.
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, Willie Cherry { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRLY <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be marked only in case of Twin or Triplet</small>	(5) Number in order of birth <u>1</u>	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>Apr 18 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Clarence Cherry</u>		(14) NAME BEFORE MARRIAGE <u>Sallie Brown</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Durham S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Durham S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(12) BIRTHPLACE <u>Durham</u>
(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Durham S.C.</u>	(19) OCCUPATION <u>Domestic</u>	(20) Number of children born to mother, including present birth {	
(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 born at P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edna Ford
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife
Durham

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

(26) Witness Edna
(Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 4/21 1916. (28) Edna
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.

McGraw-Hill, Inc. of Columbia
PUBLISHED BY THE AMERICAN PUBLIC HEALTH ASSOCIATION, 1215 N. YENYEN ST., WASHINGTON, D. C.
No. 1. THIS OTHER, No. 2, etc., in question 5.