

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

59552

Registration District No. 13-9-1

Registered No.

(For use of Local Registrar)

(2) Full Name of Child. Willie Cherry

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

Is he married only in case of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE

BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clarence Cherry

(9) PRESENT POSTOFFICE OF FATHER

Darlington S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

39 (Years)

(12) BIRTHPLACE

Darlington

(13) OCCUPATION

Farmer

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

(14) NAME BEFORE MARRIAGE

Sallie Brown

(15) PRESENT POSTOFFICE OF MOTHER

Darlington S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

29 (Years)

(18) BIRTHPLACE

Darlington S.C.

(19) OCCUPATION

Domestic

(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 7 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by Mark)

(27) Filed

4/21/1916

(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.