

(1) PLACE OF BIRTH

County *Union*

Township of *Cherry*

or Inc. Town *Cherry*

City of *Cherry*

(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

No. for State Registrar Only

37910

Registration District No. *4207* Registered No. *114*
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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

(3) Sex of Child *Male* (4) Type or Triplet *Single* (5) Number in order of birth *1* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *11/8/22*
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME *Wallace Charles*
(9) PRESENT POSTOFFICE OF FATHER *Union SC*
(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *30* (Year)
(12) BIRTHPLACE *Union SC*
(13) OCCUPATION *mill operator*
(14) Number of children born to mother, including present birth *3*

MOTHER
(15) NAME OF MARRIAGE *Ellen H. Wilbanks*
(16) PRESENT POSTOFFICE OF MOTHER *Union SC*
(17) COLOR OR RACE *W* (18) AGE AT LAST BIRTHDAY *28* (Year)
(19) BIRTHPLACE *Union SC*
(20) OCCUPATION *Domestic*
(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *10:20 A.M.* on the date above stated. (Time of Birth) (Hour, M. or P. M.)

(23) (Signature) *L. N. Wilbanks* (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report.

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

(27) Filed *12-10-23* (28) *W. S. Saratt* 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.