

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in Question 5.

| (1) PLACE OF BIRTH   |                                | CERTIFICATE OF BIRTH  |   | File No.—For State Registrar Only  |  |
|--|--------------------------------|---|---|------------------------------------|--|
| County of <u>Laurens</u>   |                                | STATE OF SOUTH CAROLINA   |   | 35295                              |  |
| Township of <u>Young</u>   |                                | Bureau of Vital Statistics  |   |                                    |  |
| Inc. Town of <u>Young</u>  |                                | State Board of Health   |   |                                    |  |
| City of <u>Young</u>   |                                | Registration District No. <u>2906</u>                             |   | Registered No. <u>71</u>           |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  |                                | (No. .... St.; .... Ward)   |   | (For use of Local Registrar)       |  |
| (2) Full Name of Child <u>Odell Cheep</u>  |                                | (If child is not yet named, make supplemental report as directed) |   |                                    |  |
| (3) BOY OR GIRL <u>Boy</u>   | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>2</u>                             | (6) Are Parents Married? <u>Yes</u>   | (7) DATE OF BIRTH <u>Oct 8, 22</u> |  |
| To be answered only in event of Twins or Triplets  |                                | (Name of Month) (Day) (Year)                                      |   |                                    |  |
| FATHER   |                                |   | MOTHER  |                                    |  |
| (8) FULL NAME <u>Wm. Cheep</u>   |                                |   | (14) NAME BEFORE MARRIAGE <u>Gella Loyd</u>   |                                    |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Hamlet</u>   |                                |   | (15) PRESENT POSTOFFICE OF MOTHER <u>Hamlet</u>                                       |                                    |  |
| (10) COLOR OR RACE <u>Col</u>  |                                |   | (16) COLOR OR RACE <u>Col</u>   |                                    |  |
| (11) AGE AT LAST BIRTHDAY <u>22</u> (Years)  |                                |   | (17) AGE AT LAST BIRTHDAY <u>18</u> (Years)   |                                    |  |
| (12) BIRTHPLACE <u>Laurens Co.</u>   |                                |   | (18) BIRTHPLACE <u>Laurens Co.</u>  |                                    |  |
| (13) OCCUPATION <u>Farm Labor</u>  |                                |   | (19) OCCUPATION <u>Farm</u>   |                                    |  |
| (20) Number of children born to mother, including present birth <u>3</u>   |                                |   | (21) Number of children of this mother now living, including present birth <u>3</u>   |                                    |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*   |                                |   |   |                                    |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  |                                |   |   |                                    |  |
| (23) (Signature) <u>Mattie Loyd</u>  |                                |   |   |                                    |  |
| (24) State whether Physician or Midwife <u>Midwife</u>   |                                |   |   |                                    |  |
| (25) (Signature) <u>Wm. Cheep</u>  |                                |   |   |                                    |  |
| Given name added from a supplemental report  |                                |   | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) |                                    |  |
| 19 .....   |                                |   | (27) Filled <u>11/10</u> 19 .....   |                                    |  |
| Registrar  |                                |   | (28) <u>Wm. Cheep</u> Local Registrar   |                                    |  |
| *When there was no attending physician or midwife, 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. |                                |   |   |                                    |  |