

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.

McGraw-Hill, Columbia, S. C.

## (1) PLACE OF BIRTH

County of Cherokee

Township of .....

or  
Inc. Town of .....

City of Cherokee

(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

File No.—For State Registrar Only

553

Registration District No. 9A Registered No. 134  
(For use of Local Registrar)

(No. Cherokee St.; ..... Ward)

(2) Full Name of Child William H. Hightower If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? X (5) Number in order of birth X  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 25, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joseph H. Hightower

(9) PRESENT POSTOFFICE OF FATHER 5169 Waterman Ave.,  
St. Louis, Mo.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
(Years)

(12) BIRTHPLACE Indigo, Ark.

(13) OCCUPATION Baron Business

(20) Number of children born to mother, including present birth 1 One

## MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth W. Hightower

(15) PRESENT POSTOFFICE OF MOTHER St. Louis, Mo.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
(Years)

(18) BIRTHPLACE Cherokee, S. C.

(19) OCCUPATION Wife

(21) Number of children of the mother now living, including present birth 1 One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 A. M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) A. B. Hightower, M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cherokee, S. C.

Given name added from a supplemental report

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

(27) Filed 7/1 27 1922 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.