

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WRITE IN INK. SEPARATE REPORT FOR EACH CHILD, AND MARK THE PAGE NUMBER. IN CASE OF FIRST-BORN, NO 1. THE OTHER, NO 2, ETC., IN QUESTION 8.

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cherokee
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20183

Registration District No 400.2-a Registered No 68
 (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

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

1. Sex of Child Male (4) Twin or Triplet — (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 24, 1922
 To be answered only in case of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME John C.ally
 9. PRESENT POSTOFFICE OF FATHER Cherokee RFD 1
 10. COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22
 (Years)

12. BIRTHPLACE

S.C.

13. OCCUPATION

Farming

20. Number of children born to mother, including present birth

1

MOTHER.

14. NAME BEFORE MARRIAGE Gladie Strycker
 15. PRESENT POSTOFFICE OF MOTHER Cherokee RFD 1
 16. COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19
 (Years)

18. BIRTHPLACE

N.C.

19. OCCUPATION

Housekeeping

21. Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. Allen at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

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

Given name added from a supplemental report

19
Registrar

(27) Filed July 10, 1922 (28) J. Blackwell
 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.