

(1) PLACE OF BIRTH

County of CherokeeTownship of CherokeeInc. Town of Blacksburg

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

3326

Registration District No. 100A Registered No. 21
(For use of Local Registrar)

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

(2) Full Name of Child

(1) BOY OR GIRL <u>girl</u>	(2) Twin or Triplet <u>No</u>	(3) Number in order of birth <u>1</u>	(4) Age at birth <u>12</u>	(5) Date of birth <u>Feb. 21, 1922</u>
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FATHER		MOTHER	
(6) FULL NAME <u>...</u>	(14) NAME BEFORE MARRIAGE <u>Sallie Isabella Mullock</u>	(16) PRESENT POSTOFFICE OF FATHER <u>Blacksburg, S.C.</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Blacksburg, S.C.</u>
(10) COLOR OR RACE <u>...</u>	(11) AGE AT LAST BIRTHDAY <u>19</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u>
(12) BIRTHPLACE <u>York Co., S.C.</u>	(18) BIRTHPLACE <u>York Co., S.C.</u>	(19) OCCUPATION <u>Domestic</u>	(20) OCCUPATION <u>Domestic</u>
(21) Number of children born to mother, including present birth <u>(One(1))</u>	(22) Number of children of this mother now living, including present birth <u>(One(1))</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 5:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour, M. or P. M.)

(24) (Signature) <u>J. L. Little</u>	(25) Address of Physician or Midwife <u>Blacksburg, S.C.</u>
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(26) Witness <u>...</u>	(27) Local Registrar <u>...</u>
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When this report is signed by physician or midwife, then the father, householder, etc., should make this return. If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.