

(1) PLACE OF BIRTH

County of *Cherokee*Township of *Miller*or
Inc. Town ofor
City of

(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

7525

Registration District No.

Registered No.

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

(1) BOY OR
GIRL(4) Twin
or Triplet? *Y*(5) Number in
order of birth *1*(6) Are
Parents
Married? *Y*(7) DATE OF *Feb* *5* *1923*
BIRTH (Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME *Lincoln*(9) PRESENT
POSTOFFICE
OF FATHER *Tamworth SC*(10) COLOR
OR
RACE *white*(11) AGE AT LAST
BIRTHDAY *26*
(Years)(12) BIRTHPLACE
Tamworth SC(13) OCCUPATION
Police(14) Number of children born to
mother, including present birth *2*

MOTHER

(14) NAME BEFORE
MARRIAGE *Hannah*(15) PRESENT
POSTOFFICE
OF MOTHER *Tamworth SC*(16) COLOR
OR
RACE *white*(17) AGE AT LAST
BIRTHDAY *21*
(Years)(18) BIRTHPLACE
Tamworth SC(19) OCCUPATION
Homemaker(20) 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 *born* at *11* *M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *[Signature]*(24) State whether Physician or Midwife *Mid*(25) Address of Physician or Midwife *Tamworth SC*Given name added from a supplement-
tal report

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Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed "No")(27) File *2*

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(28)

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.

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