

## (1) PLACE OF BIRTH

County of CherokeeTownship of Cherokeeor  
Inc. Town of Cherokeeor  
City of Cherokee(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 Not named Rainer If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy(4) Twin or Triplet? —(5) Number in order of birth —(6) Are Parents Married? No(7) DATE OF BIRTH June 10, 1922  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME Not known(9) PRESENT POSTOFFICE OF FATHER —(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY —  
(Years)(12) BIRTHPLACE —(13) OCCUPATION —

## MOTHER.

(14) NAME BEFORE MARRIAGE Stella Rainer(15) PRESENT POSTOFFICE OF MOTHER Cherokee, N.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE Cherokee, N.C.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1(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 alive at 1 P. M.,  
on the date above stated. (When alive or stillborn) Hour A. M. or P. M.)(23) (Signature) B. M. Miller(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Cherokee, N.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10, 1922

(28)

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 sixth month of pregnancy.