

(1) PLACE OF BIRTH
County of Cherokee
Township of Cherokee

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

File No. — For State Registrar Only
48534

Inc. Town of Registration District No. 1101 Registered No. 10
(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 Annie Maud Pope If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 15 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Edmund Columbus Pope</u>			(14) NAME BEFORE MARRIAGE <u>Maud Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE			(18) BIRTHPLACE	
(13) OCCUPATION <u>mill hand</u>			(19) OCCUPATION <u>mill hand</u>	
(20) Number of children born to mother, including present birth <u>4 children</u>			(21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary Ellen Bratten

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb 16 1916

(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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MARGIN INDICATED FOR INDEXING.
WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 8.