

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Spartanburg STATE OF SOUTH CAROLINA.Township of Cherokee Bureau of Vital Statistics
State Board of Healthor
Inc. Town of Registration District No. Registered No. 262
(For use of Local Registrar)City of X (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

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 21 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Joe Dickers(14) NAME BEFORE MARRIAGE Carrie Lawson(9) PRESENT POSTOFFICE OF FATHER Cherokee-S.C. R#3(15) PRESENT POSTOFFICE OF MOTHER Cherokee-S.C. R#3(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39 (Years)(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE South Carolina(18) BIRTHPLACE South Car.(13) OCCUPATION Warming(19) OCCUPATION House work(20) Number of children born to mother, including present birth Six(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. D. Cash

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

Physician, Cherokee-S.C.

Given name added from a supplemental report

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

(27) Filed Dec 25 1916 (28) J. B. Lockman 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.