

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cherokee
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 14.—For State Registrar Only

5243

Registration District No. 10020 Registered No. 16
 (For use of Local Registrar)

(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 Jane Ester Patent If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 24 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Indie Patent
 (9) PRESENT POSTOFFICE OF FATHER Cherokee
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 50
 (Year)
 (12) BIRTHPLACE IL
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Ira Patent
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34
 (Year)
 (18) BIRTHPLACE IL
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. W. Painter (24) State whether Physician or Midwife Cherokee

Given name added from a supplemental report

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

(26) Filed 1923 (27) Local Registrar W. W. Painter

*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.