

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

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

File No.—For State Registrar Only
50481

Inc. Town of Registration District No. *4002B* Registered No. *1344*
 or
 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 *Nell Warren* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb. 13-1911*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Lawrence R. Wall*
 (9) PRESENT POSTOFFICE OF FATHER *Cherokee SS*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *33*
 (12) BIRTHPLACE *Va*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth *3*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Annie Warren*
 (15) PRESENT POSTOFFICE OF MOTHER *Cherokee SS*
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24*
 (18) BIRTHPLACE *D.C.*
 (19) OCCUPATION *Housewife*
 (21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *4:30* P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *O. W. Chapman*
 (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 15 1911* (28) *W. W. Partridge* Local Registrar

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 5.
 McCaw, of Columbia.

*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.