

(1) PLACE OF BIRTH

County of Cherokee
 Township of St.
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 717

Registration District No. 12.3. Registered No. 16
 (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

If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD Inf (2) Type or Name Inf (3) Number in order of birth 1 (4) Age at birth 1 (5) Date of birth Jan 2, 1923
 To be covered only in event of Type or Name

FATHER.

(1) FULL NAME Daniel Hinson
 (2) PRESENT RESIDENCE OF FATHER Cherokee St
 (3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 24
 (5) BIRTHPLACE SC
 (6) OCCUPATION Farmer

MOTHER.

(1) NAME BEFORE MARRIAGE Hanna G. Pruitt
 (2) PRESENT RESIDENCE OF MOTHER Cherokee St
 (3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 23
 (5) BIRTHPLACE SC
 (6) OCCUPATION Housewife

(7) Number of children born to mother, including present birth 1 (8) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(9) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (10) (Signature) D. J. Pratt (11) (Date) Jan 2, 1923
 (12) State whether Physician or Midwife Phys (13) Address of Physician or Midwife Cherokee St

Given name added from a supplemental report

(14) Witness (Signature of Witness necessary only when question 13 is signed by mark)

(15) Filed Jan 2, 1923 (16) M. S. W. H. H.

When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is required if a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.