

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25356

Registration District No. 1004-13 Registered No. 60

(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

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 11 22  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME William Tompson  
(9) PRESENT POSTOFFICE OF FATHER Cherokee, N.A. 3  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Lizzie Ridings  
(15) PRESENT POSTOFFICE OF MOTHER Cherokee R.F. N.O. 3  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE NC.  
(19) OCCUPATION Housekeeping  
(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 B. Alene at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cherokee

Given name added from a supplemental report

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

(27) Filled 9 12 22 (28) H. G. Semper 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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.