

## (1) PLACE OF BIRTH

County of CherokeeTownship of Cherokeeor  
Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 10000 Registered No. 20

(For use of Local Registrar)

## (2) Full Name of Child

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

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex Male Female <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 11, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charles Hullander</u>			(14) NAME BEFORE MARRIAGE <u>Mary Elizabeth Olarey</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee Falls, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee Falls, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>Cherokee Co., S.C.</u>			(18) BIRTHPLACE <u>Cherokee Co., S.C.</u>	
(13) OCCUPATION <u>Cotton Mill Operative</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>(One (1)).</u>			(21) Number of children of this mother now living, including present birth <u>(One (1)).</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:25 P.  
on the date above stated. (Born alive or stillborn: (Hour) M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife  
Physician(25) Address of Physician or Midwife  
Blacksburg, S.C.Given name added from a supplement-  
tal report(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Feb. 15, 1923 (28) [Signature]  
Local RegistrarWhen 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.