

Form No. 1

(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

File No.—For State Registrar Only  
**22601**

Registration District No. 40029 Registered No. 81  
(For use of Local Registrar)

(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) SEX MALE (4) Twin or Triplet 2 (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH July 2, 23  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Jessie Dillingham (14) NAME BEFORE MARRIAGE Jessie Dillingham  
(9) PRESENT POSTOFFICE OF FATHER Cherokee RFD 1 (15) PRESENT POSTOFFICE OF MOTHER Cherokee RFD 1  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Year) (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29 (Year)  
(12) BIRTHPLACE SC (18) BIRTHPLACE SC  
(13) OCCUPATION Farmer (19) OCCUPATION Housewife  
(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) E. E. Dillingham (24) State South Carolina (25) Address of Physician or Midwife Cherokee, SC

Given name added from a supplemental report

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

(27) Filed 8/1/23 (28) J. B. Dillingham 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.