

## (1) PLACE OF BIRTH

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

File No.—For State Registrar Only

25321

Registration District No. 1000A Registered No. 73  
 (For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?  
 To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Aug. 7, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Torrence Jefferson Childers

(9) PRESENT POSTOFFICE OF FATHER Blacksburg, S.C., R.F.D.#2

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 20  
 (Years)

(12) BIRTHPLACE

York Co., S. C.

(13) OCCUPATION

Farmer,

(20) Number of children born to mother, including present birth { Two (2). }

## MOTHER.

(14) NAME BEFORE MARRIAGE Blanche Victoria Parker

(15) PRESENT POSTOFFICE OF MOTHER Blacksburg, S.C., R.F.D.#2

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 21  
 (Years)

(18) BIRTHPLACE

Cherokee Co., S. C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth { Two (2). }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:25 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Blacksburg, S. C.

Given name added from a supplemental report

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

(27) Filed 9-1 19 22 (28) Geo A Roberts  
 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.

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MATCHING RESERVED FOR BINDING  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAW OF COLUMBIA, COLUMBIA, S. C.