

Form No. 1

(1) PLACE OF BIRTH

County of Cherokee

Township of ...

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

No. for this registration  
**36972** X

Registration District No. 3419 Registered No. 75  
(For use of Local Registrar)

(2) Full Name of Child Mary Alice

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

(a) SEX OF CHILD Female (b) Type of Birth ... (c) Number in order of birth ... (d) Age of Mother ... (e) DATE OF BIRTH Oct 21, 1923  
(Name of Month) (Day) (Year)

**FATHER.**

(1) NAME Arthur Wills  
(2) RESIDENT ADDRESS OF FATHER Prosperity SC  
(3) COLOR Black (4) AGE AT LAST BIRTH 37  
(5) OCCUPATION Newberry Co  
Farmer  
(6) Number of children born to mother, including present one 7

**MOTHER.**

(1) NAME Allen M. Korn  
(2) RESIDENT ADDRESS OF MOTHER Prosperity SC  
(3) COLOR Black (4) AGE AT LAST BIRTH 36  
(5) OCCUPATION Lexington Co  
Housewife  
(6) Number of children of this mother now living, including present one 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(29) (Signature) Mary Counts  
(30) State whether Physician or Midwife Midwife (31) Address of Physician or Midwife Prosperity

Given name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(33) Signed Nov 10, 1923 (34) M.T. Sifton 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.

MARGIN RESERVED FOR RECORDING  
WRITE PLAINLY. WITH EXPANDING INSTRUMENTS IN A PERMANENT MATERIAL.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.  
Bureau of Vital Statistics, Columbia, S. C.