

1. PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Cherokee STATE OF SOUTH CAROLINATownship of Diamond Hill Bureau of Vital StatisticsInc. Town of _____ Registration District No. 16

City of _____ (No. _____ St. _____ Ward _____)

FILE No.—For State Registrar Only
4434Registered No. _____
(For use of Local Registrar)2. Full Name of Child Elta R. Smith

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

3. SEX OF CHILD Girl 4. Number in order of birth 1 5. DATE OF BIRTH Oct 9 1924
(Month of Birth) (Day) (Year)

FATHER

MOTHER

6. FULL NAME Do Not Know14. NAME BEFORE MARRIAGE Pauline Shinton7. PRESENT RESIDENCE OF FATHER " "15. PRESENT RESIDENCE OF MOTHER Cherokee Co8. COLOR OR RACE " " 11. AGE AT LAST BIRTHDAY " " (Years)16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY 20 (Years)12. BIRTHPLACE " "18. BIRTHPLACE Cherokee Co13. OCCUPATION " "19. OCCUPATION Labr20. Number of children born to mother, including present birth 121. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature Dr. J. M. Williams24. Date when signed Oct 9 1924 25. Signature of Midwife Pauline Shinton

Given name added from a supplemental report

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

27. Filed 6/16 1924 28. Signature of Local Registrar J. M. Williams

*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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