

## (1) PLACE OF BIRTH

County of CherokeeTownship of CherokeeInc. Town of CherokeeCity of Cherokee

(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

17184

Registration District No. .... Registered No. ....

(For use of Local Registrar)

## (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 No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 7, 1923

To be answered only in event of Twin or Triplet

(8) FULL NAME John Edwin Hutton (9) FULL NAME Anna Jane Embury(10) PRESENT POSTOFFICE OF FATHER McBee, S.C. (11) PRESENT POSTOFFICE OF MOTHER McBee, S.C.(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 25 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 32(16) BIRTHPLACE McBee, S.C. (17) BIRTHPLACE McBee, S.C.(18) OCCUPATION Farmer (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1 (21) 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 at 10 a.m. on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. Harwood

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 (28) 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.