Form No. 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
14235

(1) PLACE OF BIRTH

County of Cherokee

Township of Cherokee

or Inc. Town of Country Registration District No. 1000 B Registered No. 17 (For use of Local Reistrar)

or City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Theodore Hambright — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? | (5) Number in order of birth (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? Yes | (7) DATE OF BIRTH May 18 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME John L. Hambright	(14) NAME BEFORE MARRIAGE Minnie L Cobb
(9) PRESENT POSTOFFICE OF FATHER Blacksburg S.C. R#2	(15) PRESENT POSTOFFICE OF MOTHER Blacksburg S.C. R#2
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Yourk Coun S.C.	(18) BIRTHPLACE Cleveland County N.C.
(13) OCCUPATION Farming	(19) OCCUPATION Hous. Wife
(20) Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 4 30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy A X Hambright

(24) State whether Physician or Midwife Midwife | (25) Address of Physician or Midwife Blacksburg S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed May 3 1915 (28) [illegible] Sub 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 BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 5.

McCaw, of Columbia.