

(1) PLACE OF BIRTH

County of BeaufortTownship of Sheedon

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 2957Registration District No. Registered No. 20
(For use of Local Registrar)

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

(2) Full Name of Child Annus may Ship If child is not yet named, make supplemental report as directed(3) SEX Girl (4) To be (5) Number in order of birth 7 (6) Yes (7) DATE OF BIRTH Feb 2, 23
(Name of month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Ship(9) PRESENT POSTOFFICE OF FATHER Sheedon(10) COLOR Negro (11) AGE AT LAST BIRTHDAY 35
(Year)(12) BIRTHPLACE Sheedon SC(13) OCCUPATION Rebber work(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Margie Perry(15) PRESENT POSTOFFICE OF MOTHER Sheedon(16) COLOR Negro (17) AGE AT LAST BIRTHDAY 25
(Year)(18) BIRTHPLACE Sheedon(19) OCCUPATION House Wife(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 5:30 PM on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(22) (Signature) Lena Middleton

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

Given name added from a supplemental report

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

(26) Registrar

(27) Filed (28)

When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is needed if a child breathes even once. It must not be reported as stillborn. No report is needed if a child breathes even once. It must not be reported as stillborn. No report is needed if a child breathes even once. It must not be reported as stillborn.