(1) PLACE OF BIRTH

County of Lexington

Township of Gilbert Springs

or

Inc. Town of .....

or

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

(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

Registration District No. 3109

File No.—For State Registrar Only

43573

Registered No. 124

(For use of Local Registrar)

(2) Full Name of Child Wilbur Sharpe

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl	One	4	Yes	April 10, 1922

FATHER.

(8) FULL NAME: Lucilla Sharpe

(9) PRESENT POSTOFFICE OF FATHER: Gaston, S.C.

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 32 (Years)

(12) BIRTHPLACE: Gaston, S.C.

(13) OCCUPATION: Farming

(20) Number of children born to mother, including present birth: 4

MOTHER.

(14) NAME BEFORE MARRIAGE: Myra Martin

(15) PRESENT POSTOFFICE OF MOTHER: Gaston, S.C.

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Gaston, S.C.

(19) OCCUPATION: Cooking

(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Annie Hagood

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Gaston, S.C.

Given name added from a supplemental report .....

..... 19 .....

Registrar

(26) Witness A. R. Sharpe

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

(27) Filed Jan 9 1923

(28) Mrs. C. C. Taylor

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.

N. B.—In case of TWIN OR TRIPLET births, make a separate certificate for each child, filling out all items, including No. 1, THE OTHERS, No. 2, etc., in question 5. FIRST-BORN, No. 1.

McCALL OF COLUMBIA, COLUMBIA, S. C.

Given name added from a supplemental report .....

..... 19 .....

Registrar

(26) Witness A. R. Sharpe

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

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