

(1) PLACE OF BIRTH

County of Charleston
 Township of St. P. St. M.
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10375

Registration District No. 209 Registered No. 75
 (For use of Local Registrar)

(No. Midland Park 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

Timothy Sharpes

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

April 16, 1922

(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

James Sharper

9. PRESENT POSTOFFICE OF FATHER

North Charleston

10. COLOR OR RACE

Col.

11. AGE AT LAST BIRTHDAY

25
(Year)

12. BIRTHPLACE

Georgia

13. OCCUPATION

Public Laborer

20. Number of children born to mother, including present birth

5

MOTHER.

14. NAME BEFORE MARRIAGE

Maggie Harning

15. PRESENT POSTOFFICE OF MOTHER

North Charleston

16. COLOR OR RACE

Col.

17. AGE AT LAST BIRTHDAY

25
(Year)

18. BIRTHPLACE

Midland Park

19. OCCUPATION

Housework

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 born alive at 1:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Elizabeth Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeMidland Park

Given name added from a supplemental report

(26) Witness

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

(27) Filed

April 23, 1922

(28)

B. T. Myers

Local Registrar

19 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.

Registrar

Registrar