

(1) FRAGR OF BIRTH

CERTIFICATE OF BIRTH

County of .. Charleston ..

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. 17-24-101

35119

Township of

of

Inc. Town of

or

City of .. Charleston ..

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

Registration District No.

Registering No.

1924

2) Full Name of Child .. Baby (girl) Sheppard .. If child is not yet named, make supplemental report as directed

| | | | | |
|---|--|--|--|--|
| (1) SEX OF CHILD <u>GIRL</u> | (4) TIME OF BIRTH <u>10:10</u> To be entered only in event of twins or triplets | (5) NUMBER IN ORDER OF BIRTH <u>4</u> | (6) AGE OF PARENTS <u>44</u> Married? | (7) DATE OF BIRTH <u>May 14, 1924</u> (Name of Month) (Day) (Year) |
| FATHER | | MOTHER | | |
| (8) FULL NAME <u>Allen Sheppard</u> | (9) NAME BEFORE MARRIAGE <u>Alice Gadsden</u> | | | |
| (10) PRESENT POSTOFFICE OF FATHER <u>91 Queen St</u> | (11) PRESENT POSTOFFICE OF MOTHER <u>91 Queen St</u> | | | |
| (12) COLOR OR RACE <u>C</u> | (13) AGE AT LAST BIRTHDAY <u>21</u> (Year) | (14) COLOR OR RACE <u>C</u> | (15) AGE AT LAST BIRTHDAY <u>21</u> (Year) | |
| (16) BIRTHPLACE <u>Charleston S.C.</u> | (17) BIRTHPLACE <u>Charleston S.C.</u> | | | |
| (18) OCCUPATION <u>Automobile Mechanic</u> | (19) OCCUPATION <u>Cook</u> | | | |
| (20) Number of children born to mother, including present birth <u>3</u> | (21) Number of children of this mother now living, including present birth <u>3</u> | | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) : hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) [Signature]

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

Given name added from a supplemental report

..... 101

Registrar

(26) Witness [Signature]

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 24, 1924

*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 children before the fifth month of pregnancy.

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