

(1) PLACE OF BIRTH

County of *Lexington*Township of *Beatty*or
Inc. Town ofor
City of

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

(2) Full Name of Child

Rudolph Franklin Sharp(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth *3*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *12/1/1916*(8) FULL NAME *J. Frank Sharp*(9) PRESENT POSTOFFICE OF FATHER *Lexington SC*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *34*(12) BIRTHPLACE *Lexington County*(13) OCCUPATION *Cotton Mill Operator*(20) Number of children born to mother, including present birth *3*(14) NAME BEFORE MARRIAGE *Dellie Risk*(15) PRESENT POSTOFFICE OF MOTHER *Lexington SC*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *24*(18) BIRTHPLACE *Lexington County*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *11:30 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. M. Mathews*

(24) State where Physician or Midwife

(25) Address of Physician or Midwife *Lexington*

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

(27) Filed *1/1/1917*(28) Local Registrar *P. H. Derrick*Given name added from a supplemental report *May 16, 1917*Registrar *C. W. Miller*

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.

Registrar

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Registrar

Local Registrar

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90769

Registration District No. *3121*Registered No. *38*

(For use of Local Registrar)

St.; Ward

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

WHEN CHILD IS BORN IN A HOSPITAL OR OTHER INSTITUTION, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHERS, NO. 2, ETC., IN QUESTION 5.

N. B. McCaw, of Columbia.