

## (1) PLACE OF BIRTH

County of FicklandTownship of 25th School Dist.

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

20012

Registration District No. ....

Registered No. .... 75  
(For use of Local Registrar)

(No. .... 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 Artie Mary Sharp Infants  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy  
Girl

(4) Twin or Triplet?

Twins

(5) Number in order of birth

1st  
Boy

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 4th 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Elgie Hendrix

(9) PRESENT POSTOFFICE OF FATHER

Blythewood S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33  
(Years)

(12) BIRTHPLACE

Lexington County

(13) OCCUPATION

Farmer

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

8

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Sharp

(15) PRESENT POSTOFFICE OF MOTHER

Blythewood S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32  
(Years)

(18) BIRTHPLACE

Blythewood S.C.

(19) OCCUPATION

Housewife

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

7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10-6 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. P. M. Litchner

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Blythewood

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 10 1922(28) W. M. Litchner  
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.