

WRITE PLAINLY, WITH UNFADING INK—GIVEN IS A PRESCRIPTION FOR A SEPARATE BLANK FOR EACH CHILD, and mark the N. B.—In case of TWINS OR CHILDREN use a SEPARATE BLANK FOR EACH CHILD, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Beaufort  
Township of Sheldon  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

Registration District No. 603

File No.—For State Registrar Only

353

Registered No. 10  
(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 Arthur Shepp (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) born or foetus (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 19, 1932 (Month) (Day) (Year)

FATHER.

(8) FULL NAME William Shepp  
(9) PRESENT POSTOFFICE OF FATHER Sheldon  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Beaufort Co  
(13) OCCUPATION farmer  
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Early Bell Path  
(15) PRESENT POSTOFFICE OF MOTHER Sheldon  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Sheldon  
(19) OCCUPATION domestic  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 109 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma D. Bailey (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 (28) 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.

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