Form No. 1

(1) PLACE OF BIRTH

County of Greenwood

Township of T.F.

or

Inc. Town of G

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

35764

Registration District No. 3416 Registered No. 105

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Anna Mae Sheeley

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			No	Oct 4 1922

FATHER

(8) FULL NAME /

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY ..... (Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER

(14) NAME BEFORE MARRIAGE Mary Sheeley

(15) PRESENT POSTOFFICE OF MOTHER Presbyterian St

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Newberry Co

(19) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 1

(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 Colored at 2.30 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Laura Young

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Presbyterian St

Given name added from a supplemental report

..... 19 ....

Registrar

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

(27) Filed Oct 6 1922 (28) W. T. Sibert 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.

WRITE PLAINLY. WITH INK. DO NOT USE LEAD PENCIL. DO NOT ABBREVIATE. USE NAME OF PERSON OR PLACE IN FULL. GIVE STREET AND NUMBER WHERE POSSIBLE. BE SURE TO ANSWER EVERY QUESTION. IF INFORMATION CANNOT BE OBTAINED, WRITE "UNKNOWN." IF NONE, WRITE "NONE." IF THE CHILD IS NOT YET NAMED, MAKE SUPPLEMENTAL REPORT AS DIRECTED. IF BORN DEAD, STATE THE FACT. IF TWIN OR TRIPLET, STATE THE FACT. IF ILLEGITIMATE, STATE THE FACT. IF ADOPTED, STATE THE FACT. IF STILLBORN, STATE THE FACT. IF MULTIPLE BIRTH, STATE THE FACT. IF TWIN OR TRIPLET, STATE THE FACT. IF ILLEGITIMATE, STATE THE FACT. IF ADOPTED, STATE THE FACT. IF STILLBORN, STATE THE FACT. IF MULTIPLE BIRTH, STATE THE FACT.