

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

7460

Only

County of SherrardTownship of Orkneyor  
Inc. Town ofRegistration District No. 270 Registered No. 33

(For use of Local Registrar)

or  
City of(No.        St.        Ward       )

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

ard)

## (2) Full Name of Child

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

also  
led

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>      </u> <small>To be completed only in event of Twin or Triplet</small>	(5) Number in order of birth <u>      </u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 22 1933</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

## MOTHER.

(8) FULL NAME Eddie Brown(14) NAME BEFORE MARRIAGE Rebecca Williams(9) PRESENT POSTOFFICE OF FATHER Candler #3(15) PRESENT POSTOFFICE OF MOTHER Candler(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 34 (Years)(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Sherrard Co(18) BIRTHPLACE Sherrard Co(13) OCCUPATION Farmer(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:30 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. H. C. Candler(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Candler

Given name added from a supplemental report

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

(27) Filed Mar 14 1933 (28) W. H. C. Candler 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.