

FORM NO. 4 MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McKay, of Columbia.

(1) PLACE OF BIRTH

County of Sumner  
Township of Sumner

or  
Inc. Town of Millsville

City of Millsville (No. 1 St.; 1 Ward)  
(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  
**85812**

Registration District No. 2209 Registered No. 529  
(For use of Local Registrar)

(2) Full Name of Child Barrett Shepherd If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>to be answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>10</u> <u>24</u> <u>C</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>James Shepherd</u>			(14) NAME BEFORE MARRIAGE <u>Ellen Gray</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>41 5th St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Home</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>		(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>
(12) BIRTHPLACE <u>W.C.</u>			(18) BIRTHPLACE <u>W.C.</u>	
(13) OCCUPATION <u>Mill work</u>			(19) OCCUPATION <u>housew</u>	
20 Number of children born to mother, including present birth <u>4</u>			21 Number of children of this mother now living, including present birth <u>4</u>	

## 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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Hill  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Greenville

Given name added from a supplemental report

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

(27) Filed 191 (28) R. H. McKay 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.

fifth month of pregnancy.