

MAJOR RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK, WITH IN A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS, MAKE SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN; No. 1. THE OTHER, No. 2, etc., in question 5.
 MEDICAL COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter
 Township of Maryesville
 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. 4102

File No.—For State Registrar Only

13002

Registered No. 8
 (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 Mary Sharper

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

(3) BOY OR GIRL Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 20, 1922
 (State of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Henry Sharper</u>	(14) NAME BEFORE MARRIAGE <u>Ellen Sharper</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Maryesville SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Maryesville SC</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Maryesville SC</u>	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>29</u>	(17) AGE AT LAST BIRTHDAY <u>29</u>
(10) COLOR OR RACE <u>Col</u>	(18) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>
(11) AGE AT LAST BIRTHDAY <u>30</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>	(19) OCCUPATION <u>Housewife</u>
(12) BIRTHPLACE <u>SC</u>	(20) Number of children born to mother, including present birth <u>2</u>	(20) Number of children of this mother now living, including present birth <u>2</u>	(20) Number of children of this mother now living, including present birth <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Cash
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Maryesville SC

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date Jan 20, 1922 (28) Local Registrar Ch. Cooper

*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.