

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and make the  
 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.

(1) PLACE OF BIRTH  
 County of Abbeville  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Abbeville (No. .... St.; .... 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  
**17249**

Registration District No. 1 A Registered No. 4 H  
 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 12, 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Geo. Sherard  
 (9) PRESENT POSTOFFICE OF FATHER Abbeville, S. C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31  
 (Year) (12) BIRTHPLACE S. C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 4

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Caroline Harris  
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville, S. C.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36  
 (Year) (18) BIRTHPLACE S. C.  
 (19) OCCUPATION House work  
 (21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.  
 (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wiley X. Childs (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville, S. C.

Given name added from a supplemental report

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

(27) Filed June 22, 1922 (28) John M. Albright 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.