

(1) PLACE OF BIRTH  
County of Richland  
Township of Richland  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of ... 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  
**19819**

(2) Full Name of Child Harvey Sheriff { 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 21 1917  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Newton J. Sheriff  
(9) PRESENT POSTOFFICE OF FATHER Richland, S.C. #2  
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 25 ( ) (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 1 ( )

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Eula Stegall  
(15) PRESENT POSTOFFICE OF MOTHER Richland #2  
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 33 ( ) (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 5 ( )

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

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

(23) (Signature) W. H. Hally, M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richland, S.C.

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed July 6 1917 (28) W. H. Hally 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.

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McKay, of Columbia.

MC

Only

ard

ake ted

had

S.C.

...

...

6.

...

...

M., M.)

wife

S.C.

...

...

turn.