

(1) PLACE OF BIRTH

County of *Calhoun*
 Township of *Can Can*
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

10188

Registration District No. *801* Registered No. *33*
 (For use of Local Registrar)

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 *Leanne Ann Sharp* If child is not yet named, make supplemental report as directed

(3) SEX-OR GIRL? *girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Y* (7) DATE OF BIRTH. *Apr 12, 1933*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Fred Sharp*
 (9) PRESENT POSTOFFICE OF FATHER *CV Rock*
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *37*
 (Year) (12) BIRTHPLACE *L.C.*
 (13) OCCUPATION *Farmer hand*
 (14) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Josia Huckle*
 (15) PRESENT POSTOFFICE OF MOTHER *CV Rock*
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *28*
 (Year) (18) BIRTHPLACE *L.C.*
 (19) OCCUPATION *Farm hand*
 (21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) *Thos. H. Hume*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *Apr 27, 1933* (28) *J. H. Hume* 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.

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