

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
Township of Beech Springs
or
Inc. Town of

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

File No.—For State Registrar Only
166736

Registration District No. 40-C Registered No. 77
(For use of Local Registrar)

City of (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 Helen May Sheehan (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? Twin (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 1 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME O. Sheehan
(9) PRESENT POSTOFFICE OF FATHER Inman
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Year)
(12) BIRTHPLACE W.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE La Green
(15) PRESENT POSTOFFICE OF MOTHER Inman
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Year)
(18) BIRTHPLACE N.C.
(19) OCCUPATION Housewife
(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 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joseph Nelson
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Inman

Given name added from a supplemental report
.....
.....
.....
19 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 2 1922 (28) Ed Lopez 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.