

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

166736

Registration District No.

Registered No.

(For use of Local Registrar)

(No. .... St. .... Ward)

(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)

(8) FULL NAME

O. C. Sheehan

FATHER.

(9) PRESENT POSTOFFICE OF FATHER

Immausch

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

33  
(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1 2

MOTHER.

(14) NAME BEFORE MARRIAGE

Ila Green

(15) PRESENT POSTOFFICE OF MOTHER

Immausch

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

33  
(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1 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.

(23) (Signature)

Jas. R. Gibson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Immausch

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 2 1922

(28)

C. C. Capero

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.