

Form 5-0
MARGIN RESERVED FOR BINDING.
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. See notes in question 1.
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Oconee
Township of Tugaloo
or
Inc. Town of.....
or
City of.....

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

No. 11478

Registration District No. 35.95 Registered No. 4-4
(For use of Local Registrar)

(2) Full Name of Child Herome L. Sorrells

(No. St. Ward) (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD <u>Boy</u>	(4) TIME OF BIRTH <u>7:00</u>	(5) NUMBER IN ORDER OF BIRTH <u>8</u>	(6) AGE AT BIRTH <u>7y 2m</u>	(7) DATE OF BIRTH <u>Feb 6 1923</u>
Is it assumed that is next of kin or father?				
FATHER			MOTHER	
(8) FULL NAME <u>Herome L. Sorrells</u>			(10) NAME BEFORE MARRIAGE <u>Alma Barker</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hesterminster S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Hesterminster S.C.</u>	
(12) COLOR OR RACE <u>White</u>			(13) AGE AT LAST BIRTHDAY <u>39</u>	
(14) BIRTHPLACE <u>S.C.</u>			(15) BIRTHPLACE <u>S.C.</u>	
(16) OCCUPATION <u>mill Operative</u>			(17) OCCUPATION <u>House Wife</u>	
(18) Number of children born to mother, including present birth <u>8</u>			(19) Number of children of this mother now living, including present birth <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was.....
on the date above stated.
(21) (Signature) Wm. C. Strickland M.D. (How A. M. or P. M.)
(22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Hesterminster

Given name added from a supplemental report	(24) Witness (Signature of Witness necessary only when question 22 is signed by mark)
19..... Registrar	(25) Date <u>May 9 1923</u> (26) Local Registrar <u>Wm. C. Strickland</u>

When there was no attending physician or midwife, then the father, household, 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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