

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, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Richland  
Township of 20th  
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

16539

Registration District No. 3804 Registered No. 15  
(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 Bessie May Shepherd child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH May 17 1927  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME George Shepherd  
(9) PRESENT POSTOFFICE OF FATHER Peak  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 19 (Years)  
(12) BIRTHPLACE SC.  
(13) OCCUPATION farmer  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Beatrice Hope  
(15) PRESENT POSTOFFICE OF MOTHER Irmo  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 15 (Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION farmer house  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 a.m. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sam Hope  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Irmo

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 June 3 1927 (28) J. C. Seelye 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.