

## (1) PLACE OF BIRTH

County of SpringfieldTownship of Clatsop

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43574

Registration District No. 3109Registered No. 125  
(For use of Local Registrar)

(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 Grady Almon Sharpe child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 25 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Orval Sharpe(9) PRESENT POSTOFFICE OF FATHER Gaston, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
(Years)(12) BIRTHPLACE Gaston, S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Watts(15) PRESENT POSTOFFICE OF MOTHER Gaston, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE Gaston, S.C.(19) OCCUPATION Cooking(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Annie Watts (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gaston, S.C.

Given name added from a supplemental report

(26) Witness [Signature]  
(Signature of witness necessary only when question 23 is signed by mark)(27) Filed Jan. 9, 1923 (28) Mrs. C.E. Taylor 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.

Local Registrar.

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