

## (1) PLACE OF BIRTH

County of Richland  
 Township of Blythewood  
 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  
**16519**

Registration District No. ....

Registered No. 725  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lula Sharp

If 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? yes (7) DATE OF BIRTH May 31 1922  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Thomas Sharp  
 (9) PRESENT POSTOFFICE OF FATHER Blythewood  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
 (Years)  
 (12) BIRTHPLACE Richland Co.  
 (13) OCCUPATION Carpenter  
 (20) Number of children born to mother, including present birth 7

## MOTHER

(14) NAME BEFORE MARRIAGE Sallie Wilson  
 (15) PRESENT POSTOFFICE OF MOTHER Blythewood S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36  
 (Years)  
 (18) BIRTHPLACE Williamsburg Co.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Boulware(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife College place

Given name added from a supplemental report

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

(27) Filed June 1 1922 (28) W. A. McLean 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.