

Form No. 1

## (1) PLACE OF BIRTH

County of Waynes  
 Township of Ellen  
 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

27432

Registration District No. 3608Registered No. 70  
(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 Mary Lee Sherburne 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 Jan 3 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sherburne  
 (9) PRESENT POSTOFFICE OF FATHER Ellen S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 1/2  
 (12) BIRTHPLACE Cokes S.C.  
 (13) OCCUPATION Road Worker  
 (20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Bushy  
 (15) PRESENT POSTOFFICE OF MOTHER Ellen S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22  
 (18) BIRTHPLACE Cokes S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 8 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Estelle S. Bushy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ellen S.C.

Given name added from a supplemental report

(26) Witness W. H. Alder

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

(27) Filed Jan 9 1922

(28)

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.

Lester