

## (1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*

or

Inc. Town of .....

or

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *314*

File No.—For State Registrar Only

24783

Registered No. *36*

(For use of Local Registrar)

## (2) Full Name of Child

(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 *2*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *June 8, 22*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *J. H. Sharrman*(9) PRESENT POSTOFFICE OF FATHER *RFD*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *27* (Years)(12) BIRTHPLACE *Missouri*(13) OCCUPATION *Farmer*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Pauline Moore*(15) PRESENT POSTOFFICE OF MOTHER *RFD*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *24* (Years)(18) BIRTHPLACE *Anderson County*(19) OCCUPATION *Domestic*(20) Number of children born to mother, including present birth *2*(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *5 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. R. Rude*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *RFD*

Given name added from a supplemental report

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

(27) Filed *9/12* 19 *22* (28) *J. B. ...* 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.