

MARGIN RESERVED FOR BINDING.  
 WHITE 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 5.

(1) PLACE OF BIRTH County of <u>Calhoun</u> Township of <u>Sandy Run</u> or Inc. Town of ..... or City of ..... (No. .... St.; .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>29143</b>	
		Registration District No. <u>808</u>		Registered No. <u>33</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Shahel Kley Sheaks</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>GIRL</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 10, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Joseph Sheaks</u>			(14) NAME BEFORE MARRIAGE <u>Ramona Herman</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Sandy Run</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sandy Run</u>		
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Lexington</u>			(18) BIRTHPLACE <u>Lexington</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>2 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>E. S. ...</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Sandy Run</u>					
Given name added from a supplemental report ..... ..... ..... 19 .. Registrar			(26) Witness <u>E. S. ...</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Sept 14, 1922</u> (28) <u>J. B. ...</u> 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.					