

WRITE 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 make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. — For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		2605	
Township of <u>Diamond</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>104</u>		Registered No. <u>6</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Milton Clyde Sharpe, Jr.</u> (If child is not yet named, make supplemental report as directed)					
(3) SEX OF CHILD <u>Boy</u>	(4) Type or Trade <u>Is reported only in case of Trade or Trade</u>	(5) Number in order of birth	(6) Is Child Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 26, 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Milton Clyde Sharpe</u>			(10) NAME BEFORE MARRIAGE <u>Elise Brownlee</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Antreville S.C.</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Antreville S.C.</u>		
(12) COLOR OR RACE <u>White</u>			(13) COLOR OR RACE <u>White</u>		
(14) AGE AT LAST BIRTHDAY <u>30 yrs</u>			(15) AGE AT LAST BIRTHDAY <u>35</u>		
(16) BIRTHPLACE <u>Abbeville County S.C.</u>			(17) BIRTHPLACE <u>Abbeville County S.C.</u>		
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>Three</u>			(21) Number of children of this mother now living, including present birth <u>Three</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>4:00 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)					
(23) (Signature) <u>[Signature]</u>		(24) State whether Physician or Midwife <u>Physician</u>		(25) Address of Physician or Midwife <u>Abbeville S.C.</u>	
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)		
10 Registrar			(27) Filed <u>7/28/23</u> (28) <u>[Signature]</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.

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