

MARGIN RESERVED FOR BINDING.

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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of CamdenTownship of Dufalo Bridgeor  
Inc. Town of Clayor  
City of Se

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

(2) Full Name of Child Louise Shepherd

File No.—For State Registrar Only

28886

Registered No. 95  
(For use of Local Registrar)(3) BOY OR  
GIRL? girl(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married? ye

(7) DATE OF

BIRTH Sept 6 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Walter Shepherd(9) PRESENT  
POSTOFFICE  
OF FATHER Clas Se(10) COLOR  
OR  
RACE col(11) AGE AT LAST  
BIRTHDAY 21  
(Years)(12) BIRTHPLACE Se(13) OCCUPATION farming(20) Number of children born to  
mother, including present birth

## MOTHER.

(14) NAME BEFORE  
MARRIAGE May Fields(15) PRESENT  
POSTOFFICE  
OF MOTHER Clas Se(16) COLOR  
OR  
RACE col(17) AGE AT LAST  
BIRTHDAY 20  
(Years)(18) BIRTHPLACE Se(19) OCCUPATION farming(21) Number of children of this mother  
now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucy Ann Odum(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Clas SeGiven name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Sept 19 22(28) J. E. Bennett

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.

month of pregnancy. month of stillbirths