

(1) PLACE OF BIRTH  
County of Anderson  
Township of Wellington  
or  
Inc. Town of Piedmont  
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

File No.—For State Registrar Only  
**62951**

Registration District No. 3 B Registered No. 59  
(For use of Local Registrar)  
St.; \_\_\_\_\_ Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Thurmon L. Shepard

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH June 20 1914  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Griffin Yefford  
(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE N.C.

(13) OCCUPATION Mill work  
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Keys  
(15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE N.C.

(19) OCCUPATION House work  
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) A. Campbell  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Piedmont

Given name added from a supplemental report

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

(27) Filled July 11, 1914 (28) A. Campbell 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.

Registrar

Local Registrar

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