

MARGIN RESERVED FOR INDEXING  
WRITE PLAINLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD  
IN B-2b USE 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 2.

(1) PLACE OF BIRTH

County of Clatsop  
Township of Arner  
or  
Inc. Town of.....  
or  
City of Clatsop  
(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

No. 1b.—For State Registrar Only  
**30956**

Registration District No. 3 A 4 Registered No. 99  
(For use of Local Registrar)  
Ward

(2) Full Name of Child Sherrard

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

(a) SEX OR girl (b) Sex or yes (c) Number in order of birth 3 (d) Are yes (e) DATE OF BIRTH Oct 5, 1923  
(f) (Name of Month) (Day) (Year)

FATHER  
(a) FULL NAME Elijah S. Sherrard  
(b) PRESENT RESIDENCE OF FATHER Arner #3

MOTHER  
(a) NAME BEFORE MARRIAGE Julia Sanders  
(b) PRESENT RESIDENCE OF MOTHER Arner #3

(c) COLOR OR RACE negro (d) AGE AT LAST BIRTHDAY 33  
(e) BIRTHPLACE Clatsop

(c) COLOR OR RACE Col (d) AGE AT LAST BIRTHDAY 40  
(e) BIRTHPLACE Arner Co

(f) OCCUPATION Farming

(f) OCCUPATION Housewife

(g) Number of children born to mother, including present birth 8

(g) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Yes) (No) A. M. P. M.

(23) (Signature) Turned in by father  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

1923-1-1  
1923-1-1  
Registrar

(27) Filed Oct 15 1923 (28) S. M. McAdams 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.