

(1) PLACE OF BIRTH

County of Lexington
 Township of Collegedale
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

43490

Registration District No. 3100 Registered No. 146
 (For use of Local Registrar)

City of (No. 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 Shedore U. E. Earl If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 6, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fletcher J. Earle
 (9) PRESENT POSTOFFICE OF FATHER Brookland S.C.
 (10) COLOR OR RACE B. (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE Lexington Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Annanda Williams
 (15) PRESENT POSTOFFICE OF MOTHER Brookland S.C.
 (16) COLOR OR RACE B. (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE Longer Place
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Pattie Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Brookland

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

July 10, 1923

(28)

J. E. Lybrand

Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, a report is desired of stillbirths (the fifth month of pregnancy).