

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71150

(1) PLACE OF BIRTH

County of AikenTownship of Langleyor
Inc. Town ofor
City of

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

Registration District No. 2176 Registered No. 15
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

Eorena Sharpton

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

+

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married?

no

(7) DATE OF BIRTH

Aug. 18, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ben aron Sharpton

(9) PRESENT POSTOFFICE OF FATHER

Langley S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

21
(Years)

(12) BIRTHPLACE

Aiken Co S.C.

(13) OCCUPATION

Chalk Bed work

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Alberta Brown

(15) PRESENT POSTOFFICE OF MOTHER

Langley S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

18
(Years)

(18) BIRTHPLACE

Richmond Co Ga

(19) OCCUPATION

Wash and Iron

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Harriet J. Deloach M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeLangley S.C.

Given name added from a supplemental report

(26) Witness

L.W. Spradley
(Signature of Witness necessary only when question 23 is signed by mark)

....., 191.....

(27) Filed Aug. 16, 1916(28) J. H. Dowdy
Local Registrar

..... 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.

MARION RESERVED FOR BINDING
 VALUE PLACED WITH OFFICIAL INK—THIS IS A PERMANENT RECORD
 N.B.—BIRTHS OF TWINS OR TRIPLETS ARE A SEPARATE BIRTH FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, 2, etc., in question 5.