

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town of Wart

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

No. 1a.—For State Register Use

40660

Registration District No. 2209 Registered No. 21

(For use of Local Registrar)

(No. 31 Pensletory St.) (Ward)(2) Full Name of Child Minnie Margaret

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

(3) SEX OF CHILD girl (4) Type or Name Full (5) Number in order of birth 2 (6) DATE OF BIRTH 7-1-7 (7) (Month of Month) (Year) (Time)

FATHER.

(8) FULL NAME Lewis A. Shepherd(9) PRESENT RESIDENCE OF FATHER 31 Pensletory St(10) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 30 (Time)(12) BIRTHPLACE S.C.(13) OCCUPATION Painter(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Roxie May Truitt(16) PRESENT RESIDENCE OF MOTHER 31 Pensletory St(17) COLOR OR RACE N. (18) AGE AT LAST BIRTHDAY 25 (Time)(19) BIRTHPLACE N.C.(20) OCCUPATION housework(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 born alive or stillborn on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Date Jan 16 1922 (28) Registrar [Signature]

*When there was no attending physician or midwife, then the father, mother, or other person, if a child breathes even once, it must not be reported as stillborn, but as born alive, before the birth of the child.

(Date of)

Filed June 29, 1922 M.R. Woodward, M.D.

Register