

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25072

County of

Township of

or

Inc. Town of

or

City of

Registration District No.

Registered No. 1128

(For use of Local Registrar)

City of Charleston, S.C. (No. 196 Fishman 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 Thomas Gene Shepherd If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		<u>Yes</u>	<u>Aug. 5, 1922</u> (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Buster Sheppard(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Small(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Domestic(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 at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Dwight S. Green(24) State whether Physician or midwife Physician (25) Address of Physician or Midwife 17 N. Main St.

Given name added from a supplemental report

(26) Witness Mrs. A. P. Meyer (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 8/11 19 22 W. H. R. Smith 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.