

(1) PLACE OF BIRTH

County of AndersonTownship of "or
Inc. Town of "or
City of "

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28691

Registration District No. 3ARegistered No. 333
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of " (No. " St. " Ward ")

(2) Full Name of Child

Mildred Shear

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

(3) BOY OR GIRL? <u>GIRL</u>	(4) Twin or triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 7 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Reese Shear(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Ga(13) OCCUPATION mail apt(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Paula Kennedy(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(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 at 10 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]
(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 23 is signed by mark)

(27) Filed 9-10-22 (28) F. B. CRAYTON, ANDERSON

*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.

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MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the N. B.—In case of TWINS or TRIPLETS use a SEPARATE HYGIENIC FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Form No. 3

N. B.—In case of TWINS or TRIPLETS use a SEPARATE HYGIENIC FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.