

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of Charleston.....

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

(2) Full Name of Child Samuel Sheppard

23- BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH April 28 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Sheppard(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Rhone(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 34
(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 3 A. M.
(Hour A. M. or P. M.)

on the date above stated.

(23) (Signature) L. J. Green(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness Mrs. A. B. Meyer

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

(27) Filed 4/28 1922 J. M. H. H. H.

When there was no attending physician or midwife, then the father, householder, etc., should make this return before the fifth month of pregnancy.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 9 A

File No.—For State Registrar Only

10282

Registered No. 570
(For use of Local Registrar)St. 8 Ward

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

DATE OF BIRTH April 28 1922
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