

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town of

or
City of Greenville

(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

File No.—For State Registrar Only

42938

Registration District No. 22

Registered No. 462

Local Registrar

(2) Full Name of Child

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

(3) BOY OR GIRL? X

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age of father

(7) DATE OF BIRTH Dec. 13

FATHER

(8) FULL NAME M. J. Sherman

(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.

(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY 34

(12) BIRTHPLACE Greenville, S.C.

(13) OCCUPATION Man Work

(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Emma Cade

(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

(16) COLOR OR RACE W.

(17) AGE AT LAST BIRTHDAY 27

(18) BIRTHPLACE S. C.

(19) OCCUPATION S. C.

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, born alive or stillborn, on the date above stated.

(23) (Signature) M. J. Sherman

(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 Dec 15 1913 (28) C. E. 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.

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