

(1) PLACE OF BIRTH

County of Calhoun
 Township of Indian
 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

17300

Registration District No. 1st 19Registered No. 466
(For use of Local Registrar)

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

(2) Full Name of Child Ernest Small Sherry Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	DATE OF BIRTH <u>June 5, 1923</u> (Month) (Day) (Year)
FATHER		MOTHER		
(7) FULL NAME <u>Ed Sherry</u>		(14) NAME BEFORE MARRIAGE <u>Idelle Hall</u>		
(8) PRESENT POSTOFFICE OF FATHER <u>Waltham SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Waltham SC</u>		
(9) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(10) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>		
(12) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Idelle Hall(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Waltham

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 19, 1923

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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