

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 or  
 Inc. Town of Greenville  
 or  
 City of Greenville

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

26408

Registration District No. 21.0.9.13 Registered No. 263  
 (For use of Local Registrar)

(No. Woodside Mill Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Baby Sheldon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1-1-22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Timothy Columbus Sheldon

(9) PRESENT POSTOFFICE OF FATHER Woodside Mill

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 22  
 (Years)

(12) BIRTHPLACE American

(13) OCCUPATION mill work

(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Ann Lee

(15) PRESENT POSTOFFICE OF MOTHER Woodside Mill

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 26  
 (Years)

(18) BIRTHPLACE American

(19) OCCUPATION housework

(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 at 12 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 Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed Dec. 1, 1922 (28) [Signature] 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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