

Form No. 1

(1) PLACE OF BIRTH

County of McCormick
Township of Ht. Carmel, S.C.
or
Inc. Town of
or
City of

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

(2) Full Name of Child Sherla May Wickerman

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

File No.—For State Registrar Only

31210

Registration District No. 4504

Registered No.
(For use of Local Registrar)

St. Ward)

(No.
If child is not yet named, make supplemental report as directed

(3) SON OR GIRL? girl

(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth

(6) Are
Parents
Married? yes

(7) DATE OF
BIRTH Sept 29, 1922
(Name of Month (Day) (Year))

(8) FULL
NAME Jack Wickerman

(9) PRESENT
POST OFFICE
OF FATHER Abbeville, S.C.

(10) COLOR
OR
RACE Negro

(11) AGE AT LAST
BIRTHDAY 49
(Years)

(12) BIRTHPLACE Abbeville, Co

(13) OCCUPATION Farm Hand

(20) Number of children born to
mother, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. M.
on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary S. Catt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report

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

(27) Filed 9-28-1922 (S) 289 Local Registrar

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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.