

(1) PLACE OF BIRTH

County of *A. H. H. H.*Township of *Wagnon*

Inc. Town of

City of

(No. St. Ward) (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 Register Only

26810

Registration District No. *109*Registered No. *92*

(For use of Local Registrar)

(2) Full Name of Child *Martha Sherard* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *Girl* (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married *yes* (7) DATE OF BIRTH *Sept 23* 19*23* (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Lemnis Sherard*(9) PRESENT POSTOFFICE OF FATHER *Bathurst Falls, S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30* (Years)(12) BIRTHPLACE *A. H. H. H.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *7*

MOTHER

(14) NAME BEFORE MARRIAGE *Janie John*(15) PRESENT POSTOFFICE OF MOTHER *Bathurst Falls, S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *26* (Years)(18) BIRTHPLACE *A. H. H. H.*(19) OCCUPATION *Domestic*(20) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *alive* St. M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *Anna Gray*

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed *Sept 23* 19*23* (27) *File Name* 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.