

1) PLACE OF BIRTH

County of Albemarle
 Township of Reedley
 or
 Inc. Town of
 or
 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

No. for State Registrar Only
43873

Registration District No. F.P. 13 Registered No. 6
 (For use of Local Registrar)

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

3) SEX OR ONLY <u>Boy</u>	4) Type or Trade <u>To be assigned only in case of Type or Trade</u>	5) Number in order of birth	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>Sept 12 1923</u> (Name of Month) (Day) (Year)
8) FULL NAME <u>Richard Shedrick</u>		9) PRESENT POSTOFFICE OF FATHER <u>Johns Creek S.C.</u>		
10) COLOR OR RACE <u>Colored</u>	11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	12) NAME BEFORE MARRIAGE <u>Lency Shuckey</u>		13) PRESENT POSTOFFICE OF MOTHER <u>Johns Creek</u>
14) BIRTHPLACE <u>Kingsburg S.C.</u>	15) AGE AT LAST BIRTHDAY <u>22</u> (Years)	16) COLOR OR RACE <u>Colored</u>		17) BIRTHPLACE <u>Kings S.C.</u>
18) OCCUPATION <u>Farming</u>	19) AGE AT LAST BIRTHDAY <u>22</u> (Years)	20) OCCUPATION <u>Farming</u>		21) Number of children of this mother now living, including present birth <u>Two</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... Born Sept 12 1923... at... 1 A.M....
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sylvia Boatright midwife
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingsburg S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed March 14 1924 (28) W. H. Poston 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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