

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
City of

(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 HealthFile No. - For State Registrar Only
2758Registration District No. 3 B Registered No. 14
(For use of Local Registrar)(2) Full Name of Child Paul Sherman (If child is not yet named, make supplemental report as directed)(7) BOY OR GIRL Boy (8) Twin or Triplet (9) Number in order of birth (10) Are Parents Married? Yes (11) DATE OF BIRTH Feb 28 1923
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(12) FULL NAME Chas. R. Sherman (13) NAME BEFORE MARRIAGE Caroline George(14) PRESENT POSTOFFICE OF FATHER Anderson S.C. (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (18) AGE AT LAST BIRTHDAY 24
(Year) (Year)(19) BIRTHPLACE S.C. (20) BIRTHPLACE S.C.(21) OCCUPATION Farming (22) OCCUPATION Domestic(23) Number of children born to mother, including present birth 4 (24) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was Paul Sherman on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)(26) (Signature) Joe P. Sherman (27) State whether Physician or Midwife Physician (28) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

(29) Witness (Signature of Witness necessary only when question 25 is signed by mother)

(30) File No. 2758 (31) Local Registrar J. P. Sherman

*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.

Registrar

Local Registrar

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