

## (1) PLACE OF BIRTH

County of GeorgetownTownship of #4Inc. Town of AndrewsCity of Andrews

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthNo. 24491 - For State Registrar OnlyRegistration District No. 2103 Registered No. 106  
(For use of Local Registrar)(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Mary Vivian Sherman If child is not yet named, make supplemental report as directed1) SEX OF CHILD Female 2) Type of Trade Is in covered only in case of Trade or Trades 3) Number in order of birth 1 4) Age of Child 90 5) DATE OF BIRTH Aug 19 1923  
(Name of Month) (Day) (Year)FATHER.  
6) FULL NAME Hobson Sherman  
7) PRESENT RESIDENCE OF FATHER Andrews St  
8) COLOR OR RACE White 9) AGE AT LAST BIRTHDAY 29  
(Year)  
10) BIRTHPLACE Williamsburg Co. S.C.  
11) OCCUPATION Locomotive Engineer  
12) Number of children born to mother, including present birth 2MOTHER.  
13) NAME BEFORE MARRIAGE Augusta Pauline Thompson  
14) PRESENT RESIDENCE OF MOTHER Andrews St  
15) COLOR OR RACE White 16) AGE AT LAST BIRTHDAY 28  
(Year)  
17) BIRTHPLACE Williamsburg Co. S.C.  
18) OCCUPATION Domestic  
19) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 5:20 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Hobson Sherman (22) Address of Physician or Midwife Andrews, S.C.  
(23) State whether Physician or Midwife

Given name added from a supplemental report

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

(25) Signed Aug 31 1923 (26) 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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