

PLACE OF BIRTH

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

File No.—For State Registrar Only
9128

County of
 Township of
 or
 City of
 Town of

Registration District No. **2794** Registered No.
 (For use of Local Registrar)
 (No. St. Ward)

Full Name of Child **Hernie Sheado**

1. Sex **Male** 2. Date of Birth **Aug 11 1912** 3. Age of Child **1 year 11 months**
 4. Place of Birth **Home** 5. Date of Birth **Aug 11 1912** 6. Age of Child **1 year 11 months**

FATHER: **James Brown** MOTHER: **James Brown**
 10. Name before marriage **James Brown**
 11. Present occupation of mother **Housewife**
 12. Color **White** 13. Race **White**
 14. Birthplace **SC** 15. Occupation **SC**

16. Name of physician or midwife attending birth **Dr. J. H. Brown**
 17. Name of mother **James Brown**
 18. Name of father **James Brown**
 19. Name of child **Hernie Sheado**

20. Signature of physician or midwife **Dr. J. H. Brown**
 21. Address of physician or midwife **...**

22. Signature of Local Registrar **...**
 23. Date of registration **Aug 11 1912**
 24. Name of child **Hernie Sheado**