

1. PLACE OF BIRTH

County of Newberry

Township of No. 1

City of No. 1

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

File No. — For State Registrar Only
35761

Registration District No. 3410 Registered No. 102
(For use of Local Registrar)

2. Full Name of Child Leslie Sheppard
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

3. SEX OR GENDER Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 26 1922
(Name of Month) (Day) (Year)

FATHER.
8. FULL NAME Leslie Sheppard
9. PRESENT POSTOFFICE OF FATHER Prosperity S.C.
10. COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)
12. BIRTHPLACE Newberry Co.
13. OCCUPATION Farming
14. Number of children born to mother, including present birth 11

MOTHER.
14. NAME BEFORE MARRIAGE Messie Floyd
15. PRESENT POSTOFFICE OF MOTHER Prosperity S.C.
16. COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)
18. BIRTHPLACE Newberry Co.
19. OCCUPATION Farming
20. Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
21. I hereby certify that I attended the birth of this child, who was Sept 26 at Prosperity S.C.
(Born alive or stillborn) (Hour) (Day) (Month) (Year)

(23) (Signature) A. L. Sheppard (24) State whether Physician or Midwife Midwife (25) Address Prosperity S.C.
Midwife A. L. Sheppard

26. Witness (Signature of Witness necessary only when question 23 is signed by mark) M. T. Sison
27. Filed Oct 22 1922 (28) M. T. Sison 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.