

WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH
County of Polk
Township of 2nd
or
Inc. Town of.....
or
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 Health

File No.—For State Registrar Only
31808

Registration District No. 3702 Registered No. 516
(For use of Local Registrar)

(2) Full Name of Child Marion Mary Sheroff (No. St. Ward)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH July 7 1922
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Julius H. Sheroff
(9) PRESENT POSTOFFICE OF FATHER Ecory N.Y. 4
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
(12) BIRTHPLACE Polk Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER
(14) NAME BEFORE MARRIAGE Marion Mary Sheroff
(15) PRESENT POSTOFFICE OF MOTHER Ecory N.Y. 4
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(18) BIRTHPLACE Polk Co.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was... on the date above stated.
(23) (Signature) Lucy E. Wall, M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ecory, S.C.

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed) Lucy E. Wall
(27) Filed Oct. 3 1922 (28) 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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