

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 5.

Form No. 1

(1) PLACE OF BIRTH

County of Volusia
 Township of 11
 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.)

(2) Full Name of Child Rosa Lee McSherry

(3) BOY OR GIRL G

(4) Twin or Triplet?

(5) Number in order of birth
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 9, 1922
 (Name of Month) (Day) (Year)

(8) FULL NAME Arthur McSherry

(9) PRESENT POSTOFFICE OF FATHER Wichita, S.C.

(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Public Works

(20) Number of children born to mother, including present birth 3

(14) NAME BEFORE MARRIAGE Bessie Porter

(15) PRESENT POSTOFFICE OF MOTHER Wichita, S.C.

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Volusia on the date above stated. (Born alive (stillborn) (Hour A. M. or P. M.))

(23) (Signature) Laura Greff

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Volusia, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) F. B. Porter

(27) Filed 19 (28) F. B. Porter 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.

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

File No.—For State Registrar Only
23594

Registration District No. 2906 Registered No. 82
 (For use of Local Registrar)

(No. St.; Ward)

If child is not yet named, make supplemental report as directed