

MARGIN RESERVED FOR BINDING.

WHITE 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 6.

McGraw-Hill Book Company, Inc., New York, N. Y.

|  |                      |   |   |   |  |
|--|----------------------|---|---|---|--|
| (1) PLACE OF BIRTH   |                      | <b>CERTIFICATE OF BIRTH</b><br>STATE OF SOUTH CAROLINA<br>Bureau of Vital Statistics<br>State Board of Health |   | File No.—For State Registrar Only<br><b>8666</b>                      |  |
| County of <u>Orangeburg</u><br>Township of <u>Branchville</u><br>Inc. Town of .....<br>City of .....   |                      | Registration District No. <u>36.01</u>  |   | Registered No. <u>13</u><br>(For use of Local Registrar)              |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  |                      | (No. .... St. .... Ward)  |   | (Ward)  |  |
| (2) Full Name of Child <u>Shelly Sherrell</u>  |                      | (If child is not yet named, make supplemental report as directed)   |   |   |  |
| (3) BOY OR GIRL <u>girl</u>  | (4) Twin or Triplet? | (5) Number in order of birth  | (6) Are Parents Married?  | (7) DATE OF BIRTH <u>July 21 1922</u><br>(Name of Month) (Day) (Year) |  |
| FATHER.  |                      |   | MOTHER.   |   |  |
| (8) FULL NAME <u>Marian Sherrell</u>   |                      |   | (14) NAME BEFORE MARRIAGE <u>Lessie Thomas</u>  |   |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Branchville S.C.</u>   |                      |   | (15) PRESENT POSTOFFICE OF MOTHER <u>Branchville S.C.</u>                             |   |  |
| (10) COLOR OR RACE <u>Negro</u>  |                      | (11) AGE AT LAST BIRTHDAY <u>30</u><br>(Years)  | (16) COLOR OR RACE <u>Negro</u>   |   | (17) AGE AT LAST BIRTHDAY <u>25</u><br>(Years) |
| (12) BIRTHPLACE <u>S.C.</u>  |                      |   | (18) BIRTHPLACE <u>S.C.</u>   |   |  |
| (13) OCCUPATION <u>Farm</u>  |                      |   | (19) OCCUPATION <u>Housework</u>  |   |  |
| (20) Number of children born to mother, including present birth <u>3</u>   |                      |   | (21) Number of children of this mother now living, including present birth <u>3</u>   |   |  |
| <b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b>   |                      |   |   |   |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>S. C. M.</u> on the date above stated.<br>(Born alive or stillborn) (Hour A. M. or P. M.)   |                      |   |   |   |  |
| (23) (Signature) <u>Jane Thomas</u><br>(24) State whether Physician or Midwife <u>midwife</u> (25) Address of Physician or Midwife <u>Branchville S.C.</u>   |                      |   |   |   |  |
| Given name added from a supplemental report  |                      |   | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) |   |  |
| 19 .. Registrar  |                      |   | (27) Filed <u>July 28, 1922</u> (28) <u>Preston act</u> 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. |                      |   |   |   |  |