

## (1) PLACE OF BIRTH

County of *L.ington*Township of *Platt Spring*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

7726

Registration District No. *#3110* Registered No. *10*  
(For use of Local Registrar)(2) Full Name of Child *E. Ethel Estens Sharpe* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *Girl* (4) Twin or Triplet *-* (5) Number in order of birth *-* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *Mar 28, 1923*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Albert Sharpe*(9) PRESENT POSTOFFICE OF FATHER *Gaston SC*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *40*  
(Year)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *16-*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Ida Lucas*(15) PRESENT POSTOFFICE OF MOTHER *Gaston S.C.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *31*  
(Year)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *15-*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Amelia* at *5 P.* M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Sophie Barrett* (24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Gaston*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Mar 31, 1923* (28) *no Joe Fallam* 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.