

(1) PLACE OF BIRTH

County of Sumter
 Township of Proctor
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9293

Registration District No. 14.1.2.4 Registered No. 2.6
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Edward Sharper If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 13. 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Charles Dyer</u>	(14) NAME BEFORE MARRIAGE <u>Lizzie Sharper</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Trindal</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Trindal S.C.</u>
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Blk</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Sumter Co.</u>	(18) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>S.C. Sumter Co.</u>	(19) OCCUPATION <u>Cook</u>
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hasty Blain (24) State whether Physician or Midwife (25) Address of Physician or Midwife Trindal S.C.

Given name added from a supplemental report (26) Witness Thomas Bayless (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed 3/20 1922 (28) Thomas Bayless 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.

For James Sharper

MARGIN RESERVED FOR BINDING. WHEN FILING, ATTACH TO EACH VITAL RECORD A SEPARATE HEADLINE FOR EACH CHILD, AND MARK THE VITAL RECORD WITH THE SERIAL NUMBER OF THE CHILD. IN CASE OF FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5. BOARD OF COMMISSIONERS, COLUMBIA, S. C.