

FORM NO. 1 MARGIN RESERVED FOR BINDING.

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.

(1) PLACE OF BIRTH

County of  
Township of

or  
Inc. Town of  
City of

(If birth occurs in a hospital or other institution, give name 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  
542

122

Registration District No.

Registration No.

(For use of Local Registrar)

(2) Full Name of Child. Baby Sheeton

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Married?

No

(7) DATE OF BIRTH

May 29, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Edison Atterton Sheeton

(9) PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

42

(Years)

(12) BIRTHPLACE

Madison, Ga.

(13) OCCUPATION

Auto trimmer

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Matie Elizabeth Wile

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

40

(Years)

(18) BIRTHPLACE

Allanta, Georgia

(19) OCCUPATION

Domestic

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Charleston, S.C.

Given name added from a supplemental report

191

Registrar

(23) Witness

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

(27) Filed

1-30-1922

(28) J. McCreas, Green B. D.

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return as soon as a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.