

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

County of Greenville
 City of Greenville
 Town of Greenville
 Registration District No. 3500 ... Registering No. 22034
 (For use of Local Registrar)
 of 2118-23 (St.) (Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)
 Full Name of Child J. G. Sheed ... If child is not yet named, make supplemental report as directed

SEX B (4) Type of Birth Normal (5) Number in order of birth 1 (6) Age of Parent 43 (7) DATE OF BIRTH Jul 5 2-3
 (8) Name of Mother Emma Hall
 (9) NAME BEFORE MARRIAGE Emma Hall
 (10) PRESENT RESIDENCE OF MOTHER Wachalla
 (11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 24
 (13) BIRTHPLACE Robeson Co Ga
 (14) OCCUPATION Housewife
 (15) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child who was born alive on the date above stated.
 (16) (Signature) John N. McArthur
 (17) State whether Physician or Midwife Phys (18) Address of Physician or Midwife Wachalla
 (19) Name added from a supplemental report 194
 (20) Witness (Signature of Witness necessary only when question 20 is signed by mark) Wachalla
 (21) Filed Aug 5 1923 (22) Local Registrar Wachalla

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