

(1) PLACE OF BIRTH

County of LexingtonTownship of LexingtonInc. Town of doCity of do

(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

65252

Registration District No. 3109 Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Evelyn Elabell 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 June 9, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Neely Sharpe(9) PRESENT POSTOFFICE OF FATHER Lexington S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Gilbert, S.C.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Josephine Hyler(15) PRESENT POSTOFFICE OF MOTHER Lexington S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Gilbert, S.C.(19) OCCUPATION Home(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Patience Lee Col.

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

Midwife Lexington, S.C.

Given name added from a supplemental report

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

(27) Filed July 3, 1916 (28) W. P. Roof 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.

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McCAY OF COLUMBIA
 N. B. — IN CASE OF TWINS OR TRIPLETS use a SUPPLEMENTAL REPORT for each child, and mark the FIRST-BORN. No. 2, etc., in question 8.
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