

(1) PLACE OF BIRTH

County of Edgefield

Township of

or Inc. Town of Edgefield

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

4018

Registration District No. 18A Registered No. 10
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth:	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Feb. 13, 1923</u> (Name of Month) (Day) (Year)
---------------------------	--	------------------------------------	------------------------------------	---

FATHER.

8) FULL NAME William H. Sheppard9) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37
(Years)12) BIRTHPLACE S.C.13) OCCUPATION Mechanic20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Mattie Elizabeth Randall15) PRESENT POSTOFFICE OF MOTHER Edgefield, S.C.16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(Years)18) BIRTHPLACE S.C.19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:30 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. K. Nicholson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Edgefield, 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 3/11/1923 (28) A. K. Nicholson 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.

before the fifth month of pregnancy.

urn.