

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.
DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Pickens
Township of Liberty
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

16385

Registration District No. 3705

Registered No. 54
(For use of Local Registrar)

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

(2) Full Name of Child Charles Lowell Sidell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 25 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Charles Sidell

(9) PRESENT POSTOFFICE OF FATHER Liberty S C

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Pickens Co S C

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Sallie Rothell

(15) PRESENT POSTOFFICE OF MOTHER Liberty S C

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Oconee Co. S. C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Sheldon M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Liberty S C

Given name added from a supplemental report

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

19 Registrar

(27) Filed June 7 1922 (28) John T. Boyer 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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