(1) PLACE OF BIRTH

County of Anderson

Township of Hendersonville

or

Inc. Town of Anderson

or

City of Anderson

(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

No. 30860

Registration District No. 341. Registered No. 333

(For use of Local Registrar)

(No. ..... St. ..... Ward)

(2) Full Name of Child Maxine Paul Sherard

If child is not yet named, make supplemental report hereafter.

(3) SEX OF CHILD: Fml

(4) Twin or Triplet: One

(5) Number in order of birth: 2

(6) Single or Plural Birth: Sg

(7) DATE OF BIRTH: Dec 19 1923 (Month) (Day) (Year)

To be accomplished in case of Twins or Triplets

FATHER.

(8) FULL NAME: Warren Sherard

(9) RESIDENCE OF FATHER: Anderson S.C.

(10) COLOR OR RACE: W

(11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: Anderson Co

(13) OCCUPATION: Farmer

MOTHER.

(14) MAIDEN NAME: Magnolia Shaw

(15) RESIDENCE OF MOTHER: Anderson S.C.

(16) COLOR OR RACE: W

(17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: Anderson Co

(19) OCCUPATION: Home wife

(20) Number of children born to mother, including present child: One

(21) Number of children of this mother now living, including present child: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 o'clock P. M. on the date above stated.

(23) (Signature) [illegible] M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name adopted by parents

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

(27) Filed Oct 8 1923 (28) ANDERSON, S.C. Local Registrar

[illegible] householder, etc., should make this return. No report is desired of stillbirths

[illegible] report is desired of stillbirths before the fifth month of pregnancy.