

Form No. 8

(1) PLACE OF BIRTH

County of HarleyTownship of Wheat Creekor
Inc. Town of _____or
City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2505 Registered No. 2

(For use of Local Registrar)

FILE NO. For State Registrar Only

44829

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Etha May Herring If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents Married yes (7) DATE OF BIRTH Dec 30 1928 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Walter Herring</u>	(10) NAME BEFORE MARRIAGE <u>Carlisle Herring</u>	(12) PRESENT POSTOFFICE OF FATHER <u>Wheat Creek</u>	(14) PRESENT POSTOFFICE OF MOTHER <u>Wheat Creek</u>
(16) COLOR OR RACE <u>White</u>	(18) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>White</u>	(18) AGE AT LAST BIRTHDAY <u>37</u> (Years)
(12) BIRTHPLACE <u>Harley Co. S.C.</u>	(14) BIRTHPLACE <u>Harley Co. S.C.</u>	(12) BIRTHPLACE <u>Harley Co. S.C.</u>	(14) BIRTHPLACE <u>Harley Co. S.C.</u>
(10) OCCUPATION <u>Farmer</u>	(12) OCCUPATION <u>Farmer</u>	(10) OCCUPATION <u>Farmer</u>	(12) OCCUPATION <u>Farmer</u>
(8) Number of children born to mother, including present birth <u>12</u>	(10) Number of children of this mother now living, including present birth <u>10</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. H. Herring (24) State whether Physician or Midwife Physician (26) Address of Physician or Midwife Wheat Creek, S.C.

Given name added from a supplemental report

(28) Witness W. H. Herring

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

(27) Filed 1/11(29) W. H. Herring

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is named even dead, it must not be reported as stillborn. No report is desired of stillbirths before the 28th month of pregnancy.

MASSACHUSETTS BUREAU OF VITAL STATISTICS
 THIS PLACED, WITH WRITING HERE-TO, IS A PERMANENT RECORD
 IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, SEE PAGE 10
 FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.