

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

City of Charleston

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

(2) Full Name of Child Lila May Shores

File No.—For State Registrar Only

13969

698

Registration District No. 9ARegistered No.
(For use of Local Registrar)(3) BOY OR GIRL
girl(4) Twin or Triplet?
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

May 5, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward C. Shores(9) PRESENT POSTOFFICE OF FATHER Charleston SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Charleston SC(13) OCCUPATION joiner(20) Number of children born to mother, including present birth Eight

MOTHER.

(14) NAME BEFORE MARRIAGE Cles Syner(15) PRESENT POSTOFFICE OF MOTHER Charleston SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 43
(Years)(18) BIRTHPLACE Charleston SC(19) OCCUPATION domestic(21) Number of children of this mother now living, including present birth seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 112 A. M.
on the date above stated. born alive or stillborn (Hour A. M. or P. M.)(23) (Signature) E. J. Green(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 18 Rockledge St

Given name added from a supplemental report

(26) Witness

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

(27) Filled 6/2 19 22J. M. Green, M.D.
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.

Supplemental report

(Date of)

Registrar

Address 1000 25Filed 5/20/22Cor. 6/9/28

J. M. Green, M.D.

Registrar