(1) PLACE OF BIRTH

County of Union

Township of .....

or

Inc. Town of .....

or

City of Union

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
22706

Registration District No. 42 A Registered No. 109
(For use of Local Registrar)

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

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

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

(3) SEX OF CHILD: Boy

(4) Twin or Triplet: —

(5) Number in order of birth: —

To be answered only in event of Twins or Triplets

(6) Are Parents Married: Yes

(7) DATE OF BIRTH: July 14, 1928 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME: Hampsley Shields

(9) PRESENT POSTOFFICE OF FATHER: Union S. C.

(10) COLOR OR RACE: W

(11) AGE AT LAST BIRTHDAY: 29 (Years)

(12) BIRTHPLACE: Middlesex N. C.

(13) OCCUPATION: Mill Employee

MOTHER.

(14) NAME BEFORE MARRIAGE: Zenla Waller

(15) PRESENT POSTOFFICE OF MOTHER: Union S. C.

(16) COLOR OR RACE: W

(17) AGE AT LAST BIRTHDAY: 18 (Years)

(18) BIRTHPLACE: Graham N. C.

(19) OCCUPATION: Domestic

(20) Number of children born to mother, including present birth: 2

(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 1:20 (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) L. H. Boyd Gaines

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 8 10 1928 (28) ..... 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