

22 050113

FILE No.—For State Registrar Only
1982

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

1. PLACE OF BIRTH
County of York
Township of
or
Inc. Town of
or
City of Rock Hill

Registration District No. 14-B Registered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD Billy C. Shaver
(If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy If Plural Births 4. Twin, triplet or other. 5. Number, in order of birth. 1
6. Premature. Full term. 7. Are Parents Married? yes
8. Date of birth. 1/29 1922
(Month, day, year)

9. Full name **FATHER**
John Ebert Shaver

18. Name before marriage **MOTHER**
Irene Tuttle

10. Residence (mailing address)
(If non-resident, give place and State) Rock Hill, SC

19. Residence (mailing address)
(If non-resident, give place and State) Rock Hill, SC

11. Color or race white 12. Age at child's birth. 22 (years)

20. Color or race white 21. Age at child's birth. 21 (years)

13. Birthplace (city or place)
(State or country) Ark

22. Birthplace (city or place)
(State or country) Chesterville, SC

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cotton Textile

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work 19.....
17. Total time (years) spent in this work.....

25. Date (month and year) last engaged in this work 19.....
26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child) 2nd
(a) Born alive and now living yes (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth.....
Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Midwife observed
I hereby certify to the birth of this child, who was..... at m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) John Elliott Shaver Parent

Given name added from a supplementary report.....
(Date of)

or..... Guardian
Address Great Falls, SC

Filed 11-14, 1939 M. B. Ward
Registrar. M.B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on Back of Certificate)

OCCUPATION

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