

22 050113

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

1982

1. PLACE OF BIRTH

County of York

Township of _____

or

Inc. Town of _____

or

City of Rock HillRegistration District No. 14-B Registered No. _____

(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 Billy C. Shaver

(If child is not yet named, make supplemental report as directed.)

3. Boy or Girl <u>Boy</u>	4. Twin, triplet or other. <u>1</u>	5. Number, in order of birth. <u>1</u>	6. Premature. <u>✓</u>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>1/29</u> , 19 <u>22</u> (Month, day, year)
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9. Full name FATHER John E. Shaver18. Name before marriage MOTHER Irene Tuttle10. Residence (mailing address)
(If non-resident, give place and State) Rock Hill, SC19. Residence (mailing address)
(If non-resident, give place and State) Rock Hill, SC11. 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) Ark22. Birthplace (city or place)
(State or country) Chesterfield Co. 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 Textile24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife16. Date (month and year) last engaged in this work
17. Total time (years) spent in this work
1925. Date (month and year) last engaged in this work
26. Total time (years) spent in this work
1927. 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 Deceased

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

or _____ Guardian

Given name added from _____
a supplementary report _____
(Date of)Address Great Falls SCFiled 11-14, 1939 M. B. Ward

Registrar.

Registrar. M. B. Ward

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)