

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

## (1) PLACE OF BIRTH

County of Georgetown  
 Township of #2  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

92516

Registration District No. 2101 Registered No. 7  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, the name of same instead of street and number.)

(2) Full Name of Child David Shubrick

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 11, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Shubrick  
 (9) PRESENT POSTOFFICE OF FATHER Sampit, S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (12) BIRTHPLACE Georgetown, C. S.C.  
 (13) OCCUPATION work on logging woods  
 (20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Laddon  
 (15) PRESENT POSTOFFICE OF MOTHER Sampit, S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28  
 (Years)  
 (18) BIRTHPLACE Georgetown, C. S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive, .... at 3... A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eve Green  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sampit S.C.

Given name added from a supplemental report

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

(27) Filed Feb 27, 1917 (28) A. J. Tilton  
 Registrar. 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.