

Form No. 1

(1) PLACE OF BIRTH

County of SpartanburgTownship of Campobello

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

32236

Registration District No 4601 B. Registered No. 14.0.....

(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 Perry Eugene Shields If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Perry Shields(9) PRESENT POSTOFFICE OF FATHER Sumner sc. R # 5(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 4.0.....
(Years)(12) BIRTHPLACE sc.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Pilbeam(15) PRESENT POSTOFFICE OF MOTHER Sumner sc. R # 5(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 3.9.....
(Years)(18) BIRTHPLACE sc.(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive..... at 2..... M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. T. Head

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Campobello R # 4

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28) W. T. Head 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.