

(1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleInc. Town of ChapinCity of Chapin

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

(2) Full Name of Child Lawrence Eusebius Shealy

1) BOY OR GIRL Boy 2) Twin or Triplet No 3) Number in order of birth 3103 4) Are Parents Married yes 5) DATE OF BIRTH Mar 15 1923
 (Name of Month) (Day) (Year)

FATHER: 6) FULL NAME Lawrence Eusebius Shealy 7) PRESENT POSTOFFICE OF FATHER Chapin 8) COLOR OR RACE white 9) AGE AT LAST BIRTHDAY 31 (Years) 10) BIRTHPLACE S.C. 11) OCCUPATION Telegrapher 12) Number of children born to mother, including present birth 2

MOTHER: 13) NAME BEFORE MARRIAGE Mary Esther Williams 14) PRESENT POSTOFFICE OF MOTHER Chapin 15) COLOR OR RACE white 16) AGE AT LAST BIRTHDAY 26 (Years) 17) BIRTHPLACE S.C. 18) OCCUPATION Housewife 19) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive at 11: P.M. on the date above stated. (Hour A. M. or P. M.)(21) (Signature) J. Sease(22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife M.D. Little Mountain

Given name added from a supplemental report

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

(25) March 2, 1923 (26) Mrs. Annie Smith 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.

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