

(1) PLACE OF BIRTH

County of Henry
 Township of Little River
 or
 Inc. Town of Wampur
 or
 City of

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

File No.—For State Registrar Only
34974

Registration District No. 2507

Registered No. 60
 (For use of Local Registrar)

St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed.

(2) Full Name of Child Enelisa Shields

(3) ~~Boy or~~
 GIRL

(4) Twin
 or Triplet

To be answered only in event of Twin or Triplets

(5) Number in
 order of birth

(6) Are
 Parents
 Married? Yes

(7) DATE OF
 BIRTH 26 Sept. 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL
 NAME

Frank Shields

(9) PRESENT
 POSTOFFICE
 OF FATHER

Wampur

(10) COLOR
 OR
 RACE

Negro

(11) AGE AT LAST
 BIRTHDAY 3.3
 (Years)

(12) BIRTHPLACE

Sumter Co

(13) OCCUPATION

Farming

(20) Number of children born to
 mother, including present birth

7

MOTHER.

(14) NAME BEFORE
 MARRIAGE

Corena Crawford

(15) PRESENT
 POSTOFFICE
 OF MOTHER

Wampur

(16) COLOR
 OR
 RACE

Negro

(17) AGE AT LAST
 BIRTHDAY 2.8
 (Year)

(18) BIRTHPLACE

Wampur Henry Co

(19) OCCUPATION

House Work

(21) Number of children of this mother
 now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 A.M.
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) L. B. Green

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Wampur S.C.

Given name added from a supplement-
 al report

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

(27) Filed Oct 8 1922

(28) L. B. Green
 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.

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.