

FORM NO. 2

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Edgefield*

STATE OF SOUTH CAROLINA

Township of *Walter*

Bureau of Vital Statistics

State Board of Health

Inc. Town of

Registration District No. *144*

Registered No. *47*

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

(No. St. Ward) (For use of Local Registrar)

(2) Full Name of Child *Oliver Shingleton*

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

(1) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *17* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *May 10 1902*
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME *Robert Shingleton*
(9) PRESENT POSTOFFICE OF FATHER *Walter SC*
(10) COLOR OR RACE *Caucasian* (11) AGE AT LAST BIRTHDAY *49* (Years)
(12) BIRTHPLACE *Edgefield County*
(13) OCCUPATION *Farming*
(14) Number of children born to mother, including present birth *17*

MOTHER
(14) NAME BEFORE MARRIAGE *Minnie Sinner*
(15) PRESENT POSTOFFICE OF MOTHER *Walter SC*
(16) COLOR OR RACE *Caucasian* (17) AGE AT LAST BIRTHDAY *29* (Years)
(18) BIRTHPLACE *Edgefield County*
(19) OCCUPATION *Housewife*
(20) Number of children of this mother now living, including present birth *13*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *2 o'clock* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Anna L. Hammer* (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 101
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed in blank)
(27) Filed *Sept 13 1902* (28) *J. H. Hays* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FIRST-BORN V. No. 1. THE OTHER, No. 2, etc., in question 1.