

## (1) PLACE OF BIRTH

County of Lexington  
 Township of Saluda  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

Registration District No. 3111

File No. — For State Registrar Only

4521Registered No. 4  
(For use of Local Registrar)

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

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 26, 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Revi Yoder Shealy</u>			(14) NAME BEFORE MARRIAGE <u>Leone Essie Falmer</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Chapin</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Chapin</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive ..... at 8:00 A.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. S. S.(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife Little Mountain

Given name added from a supplement-  
 al report

(26) Witness

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

(27) Filed March 5, 23(28) J. W. S. S.  
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.

WHEN PLACED WITH SEPARATE USE—THIS IS A PRELIMINARY REPORT.  
 IN CASE OF TWIN OR TRIPLETS, A SEPARATE BLANK FOR EACH CHILD, AND HAVE THE  
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 1.  
 See also instructions, Circular, No. 1.