

(1) PLACE OF BIRTH

County of LexingtonTownship of Antling Springor
Inc. Town ofor
City of

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

(2) Full Name of Child Daniel Shumplest { If child is not yet named, make supplemental report as directed.

| | | | | |
|---|-------------------------|---------------------------------|--------------------------------|--|
| (1) BOY OR GIRL? | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH <u>Jan. 2</u> (Name of Month) (Day) (Year) |
|---|-------------------------|---------------------------------|--------------------------------|--|

FATHER.

(8) FULL NAME Daniel Jeremiah Shumplest(9) PRESENT POSTOFFICE OF FATHER Edmund S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Edmund S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 12

MOTHER.

(15) NAME BEFORE MARRIAGE Mary Lerina Shealy(16) PRESENT POSTOFFICE OF MOTHER Edmund S.C.(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 40 (Years)(19) BIRTHPLACE Edmund S.C.(20) OCCUPATION House Keeping(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed March 1916 (28) P. H. Derrick 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.

WHITE 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.

McGraw, of Columbia

File No.—For State Registrar Only

49775