

## (1) PLACE OF BIRTH

County of Pickens  
 Township of Liberty  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

No. for this register  
**18844**

Registration District No. 3705

Registered No. 72  
 (For use of Local Registrar)

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

(2) Full Name of Child William Oscar Stansel

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

(3) BOY OR GIRL boy

(4) Twin or Triplet

(5) Number in order of birth  
 To be answered only in event of Twin or Triplet

(6) Are Parents Married yes

(7) DATE OF BIRTH June 22 1923  
 (Month) (Day) (Year)

## FATHER

(8) FULL NAME Hilton Eli Edward Stansel

(9) PRESENT RESIDENCE OF FATHER Liberty S C R 3

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Year)

(12) BIRTHPLACE Pickens Co S C

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 11

## MOTHER

(14) NAME BEFORE MARRIAGE Mary Jane Gentell

(15) PRESENT RESIDENCE OF MOTHER Liberty, S.C. R 3

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40 (Year)

(18) BIRTHPLACE Oconee Co. S.C.

(19) OCCUPATION Domestic

(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 on the date above stated. (Hour A. M. or P. M.) 11 A. M.

(23) (Signature) W. A. Sheldon, M.D.

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

Given name added from a supplemental report

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

(27) Filed July 5, 1923 (28) John T. Ruggs 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.

Before the fifth month of pregnancy.

REMARKS: This is a separate blank for each child, and must be filled out for each child. No. 1. THE OTHER, No. 2, etc., in question 1.