

## (1) PLACE OF BIRTH

County of NewberryTownship of #12or  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

29477

Registration District No. 34.11 Registered No. .... 12 .....

(For use of Local Registrar)

(2) Full Name of Child Bessie Alice Shealy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered 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>Sept. 5, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Holmes Rddy Shealy(9) PRESENT POSTOFFICE OF FATHER Beak(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE S.C.

(13) OCCUPATION

Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss Gathle Wessinger(15) PRESENT POSTOFFICE OF MOTHER Beak(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE S.C.

(19) OCCUPATION

House Wife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:10 P.M. on the date above stated. (Born alive or stillborn (Hour M. or P. M.))(23) (Signature) M. D. Little Mountain

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed Oct 1, 1923 (28) H. H. Shealy 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.