

(1) PLACE OF BIRTH

County of York
Township of Orange Mountain
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
50816

Registration District No. 4407 Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child Margaret Adelle Shenton If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Oct 11 1900
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Perry Shenton

(9) PRESENT POSTOFFICE OF FATHER Columbia SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Blanch Hogan

(15) PRESENT POSTOFFICE OF MOTHER Columbia SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE York Co

(19) OCCUPATION Domestic

(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 alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. B. F. Muldoon MD

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

Phy | any man SC

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 191 (28) J. S. C. Gibson
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.

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Form No. 10. 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. McCaw, City of Columbia.