

FORM NO. 6

MARGIN RESERVED FOR BINDING.

WRITE 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, of Columbia.

(1) PLACE OF BIRTH

County of Greenville
Township of Chick. Spg.

or
Inc. Town of

City of

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

File No.—For State Registrar Only
72936

Registration District No. 2204 Registered No. 80
(For use of Local Registrar)

(2) Full Name of Child. Charles Herbert Shockey 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 26, 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Clavel E. Shockey
(9) PRESENT POSTOFFICE OF FATHER Taylor S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Taylor S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 5 }

MOTHER.
(14) NAME BEFORE MARRIAGE Lola Loftis
(15) PRESENT POSTOFFICE OF MOTHER Taylor S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Greenville County
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth { 5 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 A.M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. J. McDaniel
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Taylor S.C.

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
W. J. McDaniel
(27) Filed 191..... (28) W. J. McDaniel 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.