

PLACE OF BIRTH

Anderson

of Belton

of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

FILE No.—For State Registrar Only

20894

300

Registered No.

(For use of Local Registrar)

(No.

St.;

Ward)

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

NAME OF CHILD

Julian Walter Shirley

1. Sex, 2. Race, 3. Twin, triplet, or other

6. Premature

7. Are Parents

8. Date of birth

June 28, 1922

(Month, day, year)

9. Number, in order of birth

Full term

Married?

Yes

FATHER

Fred Eugene Shirley

10. Mailing address

Belton

11. Race

W

12. Age at last birthday

28

(Years)

13. Place of birth (city or country)

And Co S.C.

14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

overseer

15. Industry or business in which work was done, as silk mill, sawmill, etc.

Weaving B mill

16. Date (month and year) last engaged in this work

1922

17. Total time (years) spent in this work

6

OCCUPATION

18. Name before marriage

Anna Rogella Shirley

19. Residence (mailing address)

(If non-resident, give place and State)

Belton

20. Color or race

W

21. Age at last birthday

26

(Years)

22. Birthplace (city or place)

(State or country)

Anderson Co S.C.

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

hus

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

1922

26. Total time (years) spent in this work

5

27. Date of birth of this mother

28. Date of birth of this child

3 (a) Born alive and now living

3 (b) Born alive but now dead

(c) Stillborn

29. Cause of stillbirth

Before labor

During labor

30. Any physical deformities of child at birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born alive and now living, on the date above stated.

When there was no attending physician or midwife, then the father, householder, or other person should make this return.

same added from

supplemental report

(Date of)

Registrar.

(Signed)

H. Brown

M.D.

or

Address

Belton S.C.

Midwife

Filed

July 29, 1922

J. P. Anderson

Registrar.

For State Registrar Only

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