

(1) PLACE OF BIRTH

County of CherokeeTownship ofInc. Town ofCity 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

31562

Registration District No. 1002 Registered No. 118
(For use of Local Registrar)(2) Full Name of Child Wilton Hemiah Shoup

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

(3) SEX OR Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 3, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wood M. Shoup(9) PRESENT POSTOFFICE OF FATHER Salisbury, S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45
(Year)(12) BIRTHPLACE Salisbury, S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Winnie M. Culbertson(15) PRESENT POSTOFFICE OF MOTHER Salisbury, S. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
(Year)(18) BIRTHPLACE Salisbury, S. C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 5:15 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. L. Culbertson

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

Given name added from a supplemental report

(25) Witness Sam J. L. Latham
(Signature of Witness necessary only when question 21 is signed by mark)(26) Filed Nov 1, 1923 (27) Sam J. L. Latham
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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