(1) PLACE OF BIRTH

County of Horry

Township of Floyds

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
43304

Registration District No. 2508 Registered No. 121
(For use of Local Registrar)

(No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Arlene Shelly { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in case of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
G		1	Yes	Dec. 1 15

FATHER.		MOTHER.	
(8) FULL NAME	David M Shelley	(14) NAME BEFORE MARRIAGE	Effie Jones
(9) PRESENT POSTOFFICE OF FATHER	Nichols, S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Nichols S.C.
(10) COLOR OR RACE	White	(11) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	Floyds Township	(18) BIRTHPLACE	Dog Bluff Tp
(13) OCCUPATION	Farming	(19) OCCUPATION	House wife
(20) Number of children born to mother, including present birth	1	(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 11:45 a. M., on the date above stated. (Born alive or stillborn) (Hour) (A. M. or P. M.)

(23) (Signature) A Lewis MD

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

Physician Tabor, N.C. Route #2

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 Dec 3 1915 (28) S E Williamson
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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PRINT PLAINLY WITH PEN AND INK—ITEMS 1 TO 28 INCLUSIVE.
DO NOT ABBREVIATE. WRITE OUT FULL NAME OF MONTH.
No. 2—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 order of birth.

Mc[illegible] of Columbia.