

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.

MOCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of ChesterfieldTownship of Cherawor
Inc. Town ofor
City 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

76341

Registration District No. 1.2.01Registered No. 89

(For use of Local Registrar)

(2) Full Name of Child

Clarence Mathew Sheals

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Sept 11, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clarence Sheals

(9) PRESENT POSTOFFICE OF FATHER

Cheraw S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Chesterfield Co

(13) OCCUPATION

Farm laborer

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

Five

MOTHER.

(14) NAME BEFORE MARRIAGE

Nanie Cassidy

(15) PRESENT POSTOFFICE OF MOTHER

Cheraw, S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Chesterfield Co

(19) OCCUPATION

Farm laborer

(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... alive at 5 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Diana Howry

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Cheraw, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed

Sept-15-1916

(28)

P. B. Ingram

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.