

Form 10-1
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 6.
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(1) PLACE OF BIRTH

Country of Norfolk
Township of Halifax
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
19539

Registration District No. 3412 Registered No. 28
(For use of Local Registrar)

(2) Full Name of Child

Aline Shipful

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

3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 22
(Specify Month, Day, Year)

FATHER.

8) FULL NAME
9) PRESENT POSTOFFICE OF FATHER
10) COLOR OR RACE
11) AGE AT LAST BIRTHDAY
12) BIRTHPLACE

MOTHER.

14) NAME BEFORE MARRIAGE Levin Shipful
15) PRESENT POSTOFFICE OF MOTHER Halifax
16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 18
18) BIRTHPLACE Norfolk
19) OCCUPATION Thresh Lohr

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 alive at 11 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Aline Shipful (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Halifax

Given name added from a supplemental report

(26) Witness J. Y. Sledge (Signatures of Witness necessary only when question 23 is signed by mother)

(27) Filed June 15, 1927 (28) J. Y. Sledge 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.