

(1) PLACE OF BIRTH

County of LeeTownship of Stokes Bridge

or

Inc. Town of

or

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

90749

Registration District No. 3008Registered No. 84

(For use of Local Registrar)

(2) Full Name of Child Guendolene V. B. Shirley

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 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 3 1916
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Lee Shirley</u>	(14) NAME BEFORE MARRIAGE <u>Lamine Fields</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Bishopville S.C.R. 6</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bishopville S.C.R. 6</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Lee Co</u>	(18) BIRTHPLACE <u>Lee Co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. B. Shirley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bishopville S.C.R. 6

Given name added from a supplemental report

May 16, 1917
Wm. Miller
Deputy Registrar

(26) Witness

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

(27) Filed 12/15 1916(28) C. H. Paet

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.

Form No. 1 of Columbia

NOT BE USED FOR RECORDING BIRTHS OF CHILDREN OF COLORED RACE