

## (1) PLACE OF BIRTH

County of Lee  
 Township of Hokes Bridge  
 or  
 Inc. Town of ..... Registration District No. 3008  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only

90749

(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? ..... (5) Number in order of birth 4 (6) Are Parent 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. R6</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bishopville S.C. R6</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 6:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna B. ...  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bishopville S.C. R6

Given name added from a supplemental report

May 16, 1917  
Ed. W. 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. Paen 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.

COUNTY OF COLUMBIA  
 DEPARTMENT OF HEALTH  
 1916