

## (1) PLACE OF BIRTH

County of Marion  
 Township of .....  
 OF  
 Inc. Town of Rame  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

Registration District No. 32A Registered No. 775823  
 (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

Shelley

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? X 5) Number in order of birth X 6) Are Parents Married? Yes 7) DATE OF BIRTH Mar. 1, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Archie Elton Shelley9) PRESENT POSTOFFICE OF FATHER Rame, S. C.10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 28  
 Year12) BIRTHPLACE Marion Co. S. C.13) OCCUPATION farmer16) Number of children born to mother, including present birth 2

## MOTHER.

14) NAME BEFORE MARRIAGE Minnie L. Yelle15) PRESENT POSTOFFICE OF MOTHER Rame, S. C.16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 22  
 Year18) BIRTHPLACE Marion Co. S. C.19) OCCUPATION domestic21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. Marion Seale (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Marion S. C.

Given name added from a supplemental report

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

(27) Filed Apr. 10, 1923 (28) Laura Montgomery 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.

Registrar 8

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