

(1) PLACE OF BIRTH
County of Char
Township of 7
or
Inc. Town of Charleston
City of Charleston
(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
41225

Registration District No. 9A Registered No. 1865
(No. Mercy Maternity Hospital)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child. Shelton

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 22 92
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Earl Sheehana
(9) PRESENT POSTOFFICE OF FATHER Benson Ave Charleston S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE N.Y. State
(13) OCCUPATION Garage Business
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Janeine McVein
(15) PRESENT POSTOFFICE OF MOTHER Benson Ave Charleston S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE N.Y. State
(19) OCCUPATION Wife.
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 5:45 A.M. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) L. Pearlman
(23) State whether Physician or Midwife (24) Address of Physician or Midwife 371 1/2 St - Chas SC

Given name added from a supplemental report

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

(26) Filed 12/29/92 (27) Local Registrar Mercer Green

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.