

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Bates

# CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

90037

Inc. Town of ..... Registration District No. 2-201 Registered No. 86  
 or  
 City of ..... (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

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? Yes (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 20, 1916  
(Take appended only in case of Twins or Triplets)  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Walter Shelton  
 (9) PRESENT POSTOFFICE OF FATHER Travellers Rest R. 2  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)  
 (12) BIRTHPLACE Greenville Co. S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Angie Ann McAllister  
 (15) PRESENT POSTOFFICE OF MOTHER Travellers Rest R. 2  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)  
 (18) BIRTHPLACE Greenville Co. S.C.  
 (19) OCCUPATION Housekeeper  
 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 20 1916

(28)

J. E. C. Smith

Local Registrar

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.

Report the fifth month of pregnancy.