

Form No. 1

(1) PLACE OF BIRTH

County of Caldwell
 Township of Meridian
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37955

Registration District No. 14.0.9. Registered No. 4.3.
 (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 Ervin McCallie Shott If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH July 6, 1921
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Ervin Shott
 9) PRESENT POSTOFFICE OF FATHER Wallabrook SC
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 26
 (Years)

12) BIRTHPLACE SC13) OCCUPATION Farming20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Artie Crosby
 15) PRESENT POSTOFFICE OF MOTHER Wallabrook SC
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 26
 (Years)

18) BIRTHPLACE SC19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sam Allen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 9, 1921 (28) Mrs. Bionice P. Lytle
 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.

MARGIN RESERVED FOR INDEXING.
 WHEN FURNISHING INFORMATION IN A PERMANENT RECORD,
 WRITE PLAINLY, WITH CAPITAL LETTERS, IN INK, AND MAKE THE
 NAME OF CHILD OR CHILDREN, AND DATE OF BIRTH, AND
 FIRST-NAME, NO. 1, THE OTHER, NO. 2, etc., in question 5.