

PLACE OF BIRTH

County of LandonMunicipality of Pinebluffor
Town ofor
City of

(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 HealthNo. 8755Registration District North 200Registered No. 20
(For use of Local Registrar)(2) Full Name of Child Norman Herbert Shorne
(If child is not yet named, make supplemental report as directed)

SEX OR GENDER	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age in years months days	(7) DATE OF BIRTH <u>Jan 16 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(1) FULL NAME <u>Norman Herbert Shorne</u>			(10) NAME BEFORE MARRIAGE <u>Sally May Kraler</u>	
(2) PRESENT POSTOFFICE OF FATHER <u>Loc/Chark SC</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Loc/Chark SC</u>	
(3) COLOR OR RACE <u>white</u>	(12) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(13) COLOR OR RACE <u>white</u>	(14) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(8) BIRTHPLACE <u>North 200</u>			(15) BIRTHPLACE <u>N.C.</u>	
(9) OCCUPATION <u>Warrior</u>			(16) OCCUPATION <u>Domestic</u>	
(17) Number of children born to mother, including present birth <u>3</u>			(18) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(3) I hereby certify that I attended the birth of this child, who was at P.P. M.,
on the date above stated. (Born alive or stillborn: (Hour, M. or P. M.)(23) (Signature) [Signature](24) State South Carolina Physician or Midwife(25) Address of Physician or Midwife Loc/Chark SCWhen name added from a supplement-
al report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed April 9 1923 (28) D. G. Gallman
Local RegistrarWhen 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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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