Form No. 3

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18316

(1) PLACE OF BIRTH

County of Greenville

Township of Austin

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2 Wd Registered No. 18 (For use of Local Registrar)

(2) Full Name of Child. Henry Shell } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH—Oct. 3, 1916 (Name of Month) (Day) (Year)
			Yes	

FATHER.

(8) FULL NAME X

(9) PRESENT POSTOFFICE OF FATHER X

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY ..... (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth ..... 1 .....

MOTHER.

(14) NAME BEFORE MARRIAGE Ora Shell

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Laurens County

(19) OCCUPATION House Work

(21) Number of children of this mother now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Liv (Born alive or stillborn) at 9.9 (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) John C. Wilburn

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed 8/9 1916 (28) L. L. Richardson 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.