

(1) PLACE OF BIRTH

County of LangstonTownship of Camp

or

Inc. Town of

or

City of Brookland

(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

Registration District No. 31.00

File No.—For State Registrar Only

33034

Registered No. 119
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(2) BOY OR GIRL Girl(4) Twin or Triplet One(3) Number in order of birth Six(6) Are Parents Married yes(7) DATE OF BIRTH Sept 15 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Al Boxter Shealy(9) PRESENT POSTOFFICE OF FATHER Brookland(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Langston Co(13) OCCUPATION Public works(20) Number of children born to mother, including present birth Six

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Herrick(15) PRESENT POSTOFFICE OF MOTHER Brookland(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE Langston(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A. M.,
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) W. A. ...

(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 Oct 10 1923 (28) J. C. ... 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.

secure and with month of pregnancy.