

(1) PLACE OF BIRTH

County of SpokaneTownship of No. 9

Inc. Town of

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 Health

File No. For State Registrar Only

8569

Registration District No. 3410 Registered No. 32
(For use of Local Registrar)(2) Full Name of Child Martha Edna Shealy

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 24, 22
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Frank E. Shealy(9) PRESENT POSTOFFICE OF FATHER Prosperity(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Lumberman Farmer(20) Number of children born to mother, including present birth 17

MOTHER.

(14) NAME BEFORE MARRIAGE Tommy Cho Sosa(15) PRESENT POSTOFFICE OF MOTHER Prosperity(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Jensen(24) State whether Physician or Midwife (25) Address of Physician or Midwife Little Rock, S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) 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.

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