

Form No 1.

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *German Springs*or
Inc. 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 Health

File No. For State Registrar Only

91866

Registration District No. *1005*Registered No. *110*

(For use of Local Registrar)

(2) Full Name of Child *Ozell Shull* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *boy* (4) Twin or triplet? (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Dec 27, 1914*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Will Shull*(9) PRESENT POSTOFFICE OF FATHER *Pauline*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *31* (Years)(12) BIRTHPLACE *Union SC*(13) OCCUPATION *Farmer Labor*(14) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Hester Linder*(15) PRESENT POSTOFFICE OF MOTHER *Pauline*(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *24* (Years)(18) BIRTHPLACE *Spartanburg SC*(19) OCCUPATION *House wife*(21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Amelia* at *7 A. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Julia Sims* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Pauline*

Given name added from a supplemental report

(26) Witness *J. C. White* (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Dec 29, 1914* (28) *J. C. White* 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.

WHITE PLAIN, WITH UNFOLDING INC.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
Cav. of Columbia.