

(1) PLACE OF BIRTH

County of Cape Fear
Township of North Spring
or
Inc. Town of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
36999

Registration District No. 116 Registered No. 54
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child R. L. Shackbee Jr (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 9 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME R. L. Shackbee
(9) PRESENT POSTOFFICE OF FATHER Wagoner S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farm
(20) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Phonasia Shackbee
(15) PRESENT POSTOFFICE OF MOTHER Wagoner S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House Wife
(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 alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Annitta Gentry
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wagoner S.C.

Given name added from a supplemental report
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..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) A. Paul
(27) Filed Nov 13 1922 (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.