

PLACE OF BIRTH

County of Jefferson

Township of Fork

100

12-10-11 07:11:11

City of
 Birth occurs in a hospital. No

0

2 Full Name of Child Shirley

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 30.5

Registered No. 114
(For use of Local Registrar)

(For use of Local Registrar)

Bl.; Ward)

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

171

(4) Twin or triplet? —

(5) Number in order of birth

(6) Are Parents Married? Yes

BIRTH Sept 10 1941
(Name of Month) (Day) (Year)

(Name of Month) (Day) (Year)

FATHER.

MOTHER

FIELD NAME Cell + Beller

PRESENT
POSTOFFICE
OF FATHER Lewinville Sh

COLOR ☒ B (ii) AGE AT LAST BIRTHDAY 29
RACE (Years)

(11) AGE AT LAST BIRTHDAY 25
(Years)

BIRTHPLACE SL

OCCUPATION *Dr. [illegible]*

Number of children born to mother including present birth 2

(14) NAME BEFORE MARRIAGE Willie Grant

(15) PRESENT POSTOFFICE OF MOTHER Louisville

(16) COLOR OR RACE CB (17) AGE AT LAST BIRTHDAY 43
(Years)

(17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE 26

(19) OCCUPATION *Housewife*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) [Signature]
Address of Physician or Midwife

(24) State whether Physician or Midwife *Physician* (25) Address of P.O. *123 E. 1st St.*

name added from a supplemental report

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

(27) Filed 11/17/1921 (28) D. J. Gillham Local Registrar

Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.