Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
41175

(1) PLACE OF BIRTH

County of Calhoun

Township of Pine Grove

or

Inc. Town of Lone Star S.C. Registration District No. 107 Registered No. 108 (For use of Local Registrar)

or

City of PERLINE (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 Perline Shirer — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets	1	yes	Dec 25 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Govan Shirer	(14) NAME BEFORE MARRIAGE	Emma Sanders
(9) PRESENT POSTOFFICE OF FATHER	Ft Motte S C	(15) PRESENT POSTOFFICE OF MOTHER	Ft Motte S C
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	19	(17) AGE AT LAST BIRTHDAY (Years)	18
(12) BIRTHPLACE	Ft Motte S C	(18) BIRTHPLACE	Ft Motte S C
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	1	(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 ..... at 7 P. M., (Born alive or ~~Stillborn~~) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Katie Robison

(24) State whether ~~Physician~~ or Midwife

(25) Address of Physician or Midwife Ft Motte S C

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness Mrs J D Stoudemire
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 30 1922 (28) J. D. Stoudemire
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—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.

McCAW OF COLUMBIA, COLUMBIA, S. C.