

## (1) PLACE OF BIRTH

County of HarneyTownship of East Ferryor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 25.7.2 Registered No. 13.4

(For use of Local Registrar)

## (2) Full Name of Child

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(a) SEX OF CHILD <u>Male</u>	(b) Twin or Triplet <u>No</u>	(c) Number in order of birth <u>1</u>	(d) Age of Parent <u>40</u>	(e) DATE OF BIRTH <u>Dec 12 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(9) FULL NAME <u>Mr. J. G. ...</u>			(10) NAME BEFORE MARRIAGE <u>William J. ...</u>	
(11) PRESENT RESIDENCE OF FATHER <u>...</u>			(12) PRESENT RESIDENCE OF MOTHER <u>...</u>	
(13) COLOR OR RACE <u>...</u>	(14) AGE AT LAST BIRTHDAY <u>...</u> (Years)	(15) COLOR OR RACE <u>...</u>	(16) AGE AT LAST BIRTHDAY <u>...</u> (Years)	(17) BIRTHPLACE <u>...</u>
(18) BIRTHPLACE <u>...</u>			(19) OCCUPATION <u>...</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 12 1923 (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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