

(1) PLACE OF BIRTH

County of DillonTownship of BethaInc. Town of -City of -

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1606

File No. - For State Registrar Only

28105

Registered No. 18
(For use of Local Registrar)(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 Mary Bell Shoup(3) BOY OR GIRL girl (4) Twin or Triplet - (5) Number in order of birth 1st (6) Age 1 yr 10 mo (7) DATE OF BIRTH Sept 11 1923
(To be answered only in event of Twin or Triplet) (Name, Month, Day, Year)

FATHER.

(8) FULL NAME James Albert Shoup(9) PRESENT POSTOFFICE OF FATHER Latta S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE Robinson Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Patience Manning(15) PRESENT POSTOFFICE OF MOTHER Latta S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 36 (Year)(18) BIRTHPLACE Marrion Co(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born 8 15 A.M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Lizzie McDaniel

(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 23 is signed by mark)(27) Filed 10/22 19 23 (28) W. J. Rogers 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.