

Form No 1.

## (1) PLACE OF BIRTH

County of CharlestonTownship of Tulcor

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45868

Registration District No. 1305Registered No. 83

(For use of Local Registrar)

(2) Full Name of Child Shirley Middleton Mims

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth 4

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) May 5-6

## FATHER.

(8) FULL NAME Shirley M Mims

(9) PRESENT POSTOFFICE OF FATHER

Pinewood S.C.(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY

(Years) 30

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Police

(14) Number of children born to mother, including present birth

Four

## MOTHER.

(14) NAME BEFORE MARRIAGE

Edna Tolson

(15) PRESENT POSTOFFICE OF MOTHER

Pinewood S.C.(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

(Years) 26

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at stillborn deceased born alive at stillborn deceased on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

PhysicianPinewood S.C.

Given name added from a supplemental report

(25) Witness

(Signature of witness) (When question 22 is checked, this is required)

(26) Date

May 10 1930

Registrar

When there was no attending physician or midwife, then the father, grandfather, etc., should be named as the person who attended the birth of the child. In such cases, the name of the person who attended the birth of the child should be given, and the name of the person who attended the birth of the child should be given.

MARGIN RESERVED FOR BINDING.

WHERE 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.

State of Columbia.