

MAILED 10/18/18 FOR BIRTHING.

WITH PLAINLY. WITH UNPAIDING HIRE—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 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Oriskany</u>		STATE OF SOUTH CAROLINA.		37406	
Township of		Bureau of Vital Statistics		State Board of Health	
Inc. Town of		Registration District No. <u>382</u>		Registered No. <u>937</u>	
City of <u>Columbia</u>		(No. <u>Captist Hospital</u> St. <u>.....</u> Ward <u>.....</u>)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Margaret Shelden</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>g.</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE BIRTH <u>Nov. 9, 1918</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Agnostas Lee Shelden</u>			(14) NAME BEFORE MARRIAGE <u>Margaret Noxon</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia</u>		
(10) COLOR OR RACE <u>N.</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>N.</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>St Louis S.C.</u>			(18) BIRTHPLACE <u>Greenville S.C.</u>		
(13) OCCUPATION <u>Clerk</u>			(19) OCCUPATION <u>H. N.</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 <u>born alive</u> (Hour A. M. or P. M.) <u>1:05 P. M.</u> on the date above stated.					
(23) (Signature) <u>J. Adair M.D.</u>					
(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)		
101			(27) Filed <u>12/18/18</u> 191 <u>8</u> (28) <u>a. J. Sp...</u> Local Registrar.		
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.					

McChw. of Columbia

Register.