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.

McCAIN OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
169

(1) PLACE OF BIRTH

County of Anderson

Township of ..... or Inc. Town of Piedmont or City of ..... (No. ..... St.; ..... Ward)

Registration District No. 3B Registered No. 3 (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 Joseph Shirley — If child is not yet named, make supplemental report as directed

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

FATHER.	MOTHER.
(8) FULL NAME J. R. Shirley	(14) NAME BEFORE MARRIAGE Nellie Glenn
(9) PRESENT POSTOFFICE OF FATHER Piedmont S. C.	(15) PRESENT POSTOFFICE OF MOTHER Piedmont S. C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE S. C.	(18) BIRTHPLACE S. C.
(13) OCCUPATION Textile Work	(19) OCCUPATION Domestic
(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 Alive at 4:55 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [signature]

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Piedmont S. C.

Given name added from a supplemental report

..... 19 ..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 31 1922 (28) [signature] 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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