

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

11859

Registration District No. 38.2

Registered No. 13
(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 James Marion Shatt (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sub. 13 22
(Name of Month) (Day) (Year)

FATHER FULL NAME David Shatt MOTHER NAME BEFORE MARRIAGE Floy Watkins

(8) PRESENT POSTOFFICE OF FATHER Bishopville S.C. (9) PRESENT POSTOFFICE OF MOTHER Bishopville S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21
(Year)

(12) BIRTHPLACE Bishopville, S.C. (13) BIRTHPLACE Bishopville, S.C.

(14) OCCUPATION Painter (15) OCCUPATION House Keeper

(20) Number of children born to mother, including present birth Three (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10:00 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) S. B. Pose (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Bishopville S.C.

Given name added from a supplemental report

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

(27) Filed April 1922 (28) Wm. M. J. Loney 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.