

REC'D OF COLUMBIA, COLUMBIA, S. C.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Horry  
Township of Simpson Creek  
OR  
Inc. Town of .....  
OR  
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  
22679

Registration District No. 7509 Registered No. 67  
(For use of Local Registrar)

(2) Full Name of Child Rosa May Stanley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH 6/15 1922  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Shelton W. Stanley</u>	(14) NAME BEFORE MARRIAGE <u>Ruby Tedd</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Allsbrook, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Allsbrook, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>Horry Co. S.C.</u>	(18) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>Horry Co. S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was.... Alive.....at...12 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bessie Wilson  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allsbrook, 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 6/17th 1922 (28) 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.