

(1) PLACE OF BIRTH

County of UnionTownship of Unionor
Inc. Town of E. K. M.or
City of Union

(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

50624

Registration District No. 42 A Registered No. 16

(For use of Local Registrar)

(No. Broad St. St. 3 Ward)(2) Full Name of Child Otis Lee Ashields If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

X

(4) Twin or Triplet?

X

(5) Number of Birth order of birth

X

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 29 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ben Ashields

(9) PRESENT POSTOFFICE OF FATHER

Union S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

Union Co S.C.

(13) OCCUPATION

Mill work.

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

One

(14) NAME BEFORE MARRIAGE

Lizzie Gady

(15) PRESENT POSTOFFICE OF MOTHER

Union S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Union Co S.C.

(19) OCCUPATION

Domestic

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Pauline (Born alive or stillborn) 11 P. M. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) W. H. Hake

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Union S.C.

Given name added from a supplemental report

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(26) Witness

W. H. Hake

(27) Filed

Feb 10 1916

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

W. H. Hake

(28) Local Registrar

W. H. HakeW. H. HakeW. H. HakeW. H. HakeW. H. HakeW. H. HakeW. H. HakeW. H. Hake

*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.

fifth month of pregnancy.

SEPARATE BLANKS FOR TWINS, TRIPLETS, ETC.—THIS IS A SUPPLEMENTARY RECORD. WRITE PLAINLY. WRITE UNFADING INK.—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE M. B.—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK, NO. 2, ETC., IN QUESTION 8. FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 8. McCaw, of Columbia.