

(1) PLACE OF BIRTH

County of York
 Township of Livingston
 or
 Inc. Town of

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

Registration District No. 440.7Registered No. 150
(For use of Local Registrar)

City of (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

If child is not yet named, make appropriate entry as soon as named.

(a) SEX OR CHILD girl (b) Type or Victim (c) Number in order of birth 2 (d) Age 4 yr (e) Date of birth 12-23-23

FATHER

(a) FULL NAME W.D. Shoup
 (b) PRESENT POSTOFFICE OF FATHER Summerville
 (c) COLOR OR RACE W (d) AGE AT LAST BIRTHDAY 37 (Year)
 (e) BIRTHPLACE York, S.C.
 (f) OCCUPATION Mechanic
 (g) Number of children born to mother, including present birth 12

MOTHER

(a) NAME BEFORE MARRIAGE Betty C. DeLancey
 (b) PRESENT POSTOFFICE OF MOTHER Summerville
 (c) COLOR OR RACE W (d) AGE AT LAST BIRTHDAY 37 (Year)
 (e) BIRTHPLACE W.C.
 (f) OCCUPATION Housewife
 (g) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) [Signature]

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 23 is signed "stillborn")

(28) Filed Dec 23 23 (29) 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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