

## (1) PLACE OF BIRTH

County of York  
 Township of York  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 26755 For State Registrar Only

Registration District No. 4408 Registered No. 108  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 25<sup>th</sup> 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edward Shillinglaw  
 (9) PRESENT POSTOFFICE OF FATHER York R. F. D.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 57 (Year)  
 (12) BIRTHPLACE York Co  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Margt Louise Ormand  
 (15) PRESENT POSTOFFICE OF MOTHER York R. F. D.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Year)  
 (18) BIRTHPLACE York Co  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M. on the date above stated. (Hour A. M. or P. M.)  
 (22) (Signature) P. A. Bratten M.D.  
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed Sept 10 19 23 (27) Bessie Barron 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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