

(1) PLACE OF BIRTH

County of Orange

Township of

or
Inc. Town of Huntsvilleor
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

3871

Registration District No. B-BRegistered No. 15

(For use of Local Registrar)

(2) Full Name of Child.

(1) BOY OR GIRL? boy(4) Twin or Triplet? ☒(5) Number in order of birth 1

(If answered only in case of twins or triplets)

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Name of Month) (Day) (Year)

(8) FULL NAME

Ralph Shorpe

(9) PRESENT POSTOFFICE OF FATHER

Huntsville SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

29 (Years)

(12) BIRTHPLACE

NC

(13) OCCUPATION

Employed Industrial Bank

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

3

(15) OCCUPATION

Home

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Home on the date above stated.(23) (Signature) J. H. McLaughlin

(Born alive or stillborn)

(Hour A. M. or P. M.) PM

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Huntsville SC

Given name added from a supplemental report.

(26) Witness

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

(27) Filed

July 22 1911

(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.