

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MADE BY COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Jackson  
 Township of Hamlet  
 or  
 Inc. Town of Clinton  
 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

35219

Registration District No. 297Registered No. 91  
(For use of Local Registrar)(No. Bailey St.; ..... Ward)(2) Full Name of Child Lillie Louise Shockley

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 case of Twins or Triplets

(5) Number in order of birth —(6) Are Parents Married? yes(7) DATE OF BIRTH Oct 30 19 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James R. Hall Shockley(9) PRESENT POSTOFFICE OF FATHER Clinton, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Textile(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Ma Magill(15) PRESENT POSTOFFICE OF MOTHER Clinton, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE 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 Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. H. Henry(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Clinton, 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 Nov 8 19 22 (28) J. H. Bailey 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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