

PLACE OF BIRTH

County of *Parton*Municipality of *Whitney*or Town of *Whitney*City of *Whitney*

(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

12127

Registration District No. *4008* Registered No. *96*
(For use of Local Registrar)(No. *St.*; *Ward*)(1) Full Name of Child *Josephine* If child is not yet named, make supplemental report as directed(2) SEX OF CHILD *Female* (3) DATE OF BIRTH *June 19 1923*
(4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes*
To be answered only in event of Twin or Triplet

FATHER.

(7) FULL NAME *Josephine*(8) PRESENT POSTOFFICE OF FATHER *Whitney*(9) COLOR OR RACE *White* (10) AGE AT LAST BIRTHDAY *26* (Years)(11) BIRTHPLACE *Whitney*(12) OCCUPATION *Teacher*

MOTHER.

(13) NAME BEFORE MARRIAGE *Josephine*(14) PRESENT POSTOFFICE OF MOTHER *Whitney*(15) COLOR OR RACE *White* (16) AGE AT LAST BIRTHDAY *26* (Years)(17) BIRTHPLACE *Whitney*(18) OCCUPATION *Teacher*(19) Number of children of this mother now living, including present birth *1*(20) Number of children born to mother, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive* at *10:15* M., on the date above stated. (Hour A. M. or P. M.)(22) (Signature) *Dr. J. H. Smith*(23) State whether Physician or Midwife *Physician*(24) Address of Physician or Midwife *Whitney*

Give name added from a supplemental report

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

(26) Filed *June 24 1923* (27) Local Registrar *Miss F. Parker*

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.

Name of child. Every T Shropshire
Name of father.. J S Shropshire
Name of mother before marriage. Durell Benga
Place of birth.. Whitney, S.C.
AFFIDAVIT Attending physician. J R Brown
Date of birth. April 16, 1923
Race. white.

STATE OF South Carolina
COUNTY OF Spartanburg

Personally appeared before me O. S. Shropshire
who first being duly sworn says that he is the father
of Every T. Shropshire, who was born at Whitney, S.C.
on April 16, 1923, ~~xxx~~; that the birth records in the office of the Clerk of
Court for Spartanburg County, South Carolina, are deficient in the following manner, to-wit:
The the name of the child is given as Frank T Shropshire which
should be Every T. Shropshire

that this affidavit is made for the purpose of correcting the errors as herein stated.

Sworn to before me this 2
day of May, 1941

[Signature]
Notary Public for S. C.

6/11/41
O. S. Shropshire