

## (1) PLACE OF BIRTH

County of BerkeleyTownship of Centervilleor  
Inc. Town of.....or  
City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Julia Shan

File No.—For State Registrar Only

16882

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 708 Registered No. 57  
(For use of Local Registrar)(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH June 26 1923  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME Julius Shan(9) PRESENT POSTOFFICE OF FATHER Carroll St.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39  
(Year)(12) BIRTHPLACE Berkeley Co(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Johnson(15) PRESENT POSTOFFICE OF MOTHER Carroll St.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35  
(Year)(18) BIRTHPLACE Berkeley Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 Negro  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Patty Rumbert(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Carroll St.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Pillie Corvan(27) Filed June 28 1923 (28) D. W. Corvan 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.