

(1) PLACE OF BIRTH  
County of Richland  
Township of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

**31921**

Inc. Town of ..... Registration District No. .... Registered No. 1712  
or .....  
City of Columbia SC (No. 1719 was Wilmington St.; ..... 2. Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lohansen D. Shell Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 24, 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Lohansen D. Shell  
(9) PRESENT POSTOFFICE OF FATHER Columbia SC  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)  
(12) BIRTHPLACE Columbia SC  
(13) OCCUPATION Labor  
(14) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Lady Bullard  
(15) PRESENT POSTOFFICE OF MOTHER Columbia SC  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 16 (Years)  
(18) BIRTHPLACE Columbia SC  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 1115 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary L. Henderson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife 1238 Henderson St.

Given name added from a supplemental report

Edith C. Jones  
Registrar

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

(27) Filed 9-29-1922 (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.

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THIS IS A PREPARED FORM. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS NOT TO BE REPRODUCED IN ANY MANNER WITHOUT THE PERMISSION OF THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA.