

(1) PLACE OF BIRTH

County of Union

Township of Buffalo

Inc. Town of Buffalo S.C.

City of Buffalo S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9200

87

Registration District No. 4213

Registered No. 87

(For use of Local Registrar)

(No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Agustus Shelton { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 12 1916</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME W M Shelton

(9) PRESENT POSTOFFICE OF FATHER Buffalo S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Cotton Mill

(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Hermie Bishop

(15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION Cotton Mill

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bessie M. Malt

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Buffalo, S.C.

Given name added from a supplemental report
....., 191.....
.....
Registrar

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

(27) FIVE Dec 30 1916 (28) J. L. Woodward 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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