

(1) PLACE OF BIRTH

County of Orangeburg
Township of Providence
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

16278

Registration District No. 3614 Registered No. 69
(For use of Local Registrar)

(2) Full Name of Child Mary Shingles

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? Yes (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 26, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Harvey Shingles

(9) PRESENT POSTOFFICE OF FATHER: Parler, S.C.

(10) COLOR OR RACE: colored (11) AGE AT LAST BIRTHDAY: 22
(Year)

(12) BIRTHPLACE: Orangeburg County

(13) OCCUPATION: Farmer
Housekeeping

(20) Number of children born to mother, including present birth: 5

MOTHER.

(14) NAME BEFORE MARRIAGE: Maybelle Bryant

(15) PRESENT POSTOFFICE OF MOTHER: Parler, S.C.

(16) COLOR OR RACE: colored (17) AGE AT LAST BIRTHDAY: 25
(Year)

(18) BIRTHPLACE: Orangeburg County

(19) OCCUPATION: Housekeeping

(21) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 10:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emily Keenilton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Parler, 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 June 5, 1922 (28) D. H. Dantley 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.