

(1) PLACE OF BIRTH

County of Greenville
 Township of Grove
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30544

Registration District No. 2217 Registered No. 6
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? YES (7) DATE OF BIRTH Sept 6, 1911
 (Name of Month) (Day) (Year)

(8) FULL NAME Robert Shell FATHER. (14) NAME BEFORE MARRIAGE Maude Arhold MOTHER.

(9) PRESENT POSTOFFICE OF FATHER Simpsonville S.C. (15) PRESENT POSTOFFICE OF MOTHER Simpsonville S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18
 (Years) (Years)

(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer (19) OCCUPATION at home

(20) Number of children born to mother, including present birth 1 (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 alive at S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Cindy Black (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville 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 Sept 20, 1911 (28) J. T. Slater 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.