

1. PLACE OF BIRTH

County of Greenwood

Township of.....

or
(Inc. Town of.....)or Ware Shoals, SC
City of.....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2314 Registered No.
(For use of Local Registrar)

(No. St.; Ward)

2. FULL NAME OF CHILD Charles Murphy O'Shields (If child is not yet named, make supplemental report as directed.)

3. BOY OR GIRL <u>BOY</u>	4. Twin or Triplet?	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Sept. 13, 1923</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER

8. FULL NAME William Thomas O'Shields9. PRESENT POSTOFFICE OF FATHER Seneca, S. C.10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 29
(Years)12. BIRTHPLACE
Spartanburg, S. C.13. OCCUPATION
Textile20. Number of children born to mother, including present birth 8

MOTHER

14. NAME BEFORE MARRIAGE Nellie Mae Williams15. PRESENT POSTOFFICE OF MOTHER Seneca, S. C.16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 23
(Years)18. BIRTHPLACE
Newberry, S. C.19. OCCUPATION
House wife21. Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was Sept 13, 1923 at 23 M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature [Signature]

24. State whether Physician or Midwife

25. Address of Physician or Midwife
Ware Shoals, 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 May 30, 1940 28. M. B. Woodward M.D.
Registrar Asst. State Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breaths even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N.B.—In case of TWINS or TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

23 046614 Only