

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

43306

(1) PLACE OF BIRTH

County of *Horry*Township of *Simpson Creek*Inc. Town of *Loris*

or

City of

Registration District No. *3509*Registered No. *160*

(For use of Local Registrar)

(No. of Ward)

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

(2) Full Name of Child. *Davis Shippman*

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>Twins</i>	(5) Number in order of birth <i>10</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec 19, 1905</i> (Name of Month) (Day) (Year)
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(8) FULL NAME <i>Emery Shippman</i>		(14) NAME BEFORE MARRIAGE <i>Prudence McQueen</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Loris S.C.</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>Loris S.C.</i>	
(10) COLOR OR RACE <i>Loe</i>	(11) AGE AT LAST BIRTHDAY <i>35</i> (Years)	(16) COLOR OR RACE <i>Coe</i>	(17) AGE AT LAST BIRTHDAY <i>40</i> (Years)
(12) BIRTHPLACE <i>Brunswick Co N.C.</i>		(18) BIRTHPLACE <i>Horry County</i>	
(13) OCCUPATION <i>Farming</i>		(19) OCCUPATION <i>Housewife</i>	
(20) Number of children born to mother, including present birth <i>10</i>		(21) Number of children of this mother now living, including present birth <i>10</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* at (Born alive or Stillborn) *7* (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) *Marange M. Neely*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife, Loris S.C.

Given name added from a supplemental report

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

(27) Filed *Dec 27 1905* (28) *J. A. Bryant*
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 required of stillbirths before the fifth month of pregnancy.

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.
McCauley of Columbia