

## (1) PLACE OF BIRTH

County of LexingtonTownship of Willards Hollowor  
Inc. Town of .....or  
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

File No.—For State Registrar Only

Registration District No. 3107 Registered No. 86

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? one (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 18 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Gordon Shealy(9) PRESENT POSTOFFICE OF FATHER Leesville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE Aiken County(13) OCCUPATION Basket Trimmer(20) Number of children born to mother, including present birth 1 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Maudie Poole(15) PRESENT POSTOFFICE OF MOTHER Leesville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE Lexington County(19) OCCUPATION House-wife(21) Number of children of this mother now living, including present birth 1 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. Sidney Blanks(24) State whether Physician or Midwife (25) Address of Physician or Midwife Leesville S.C.

Given name added from a supplemental report

(20) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed .....18 (28) D. O. Shealy 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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WHITE 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.

RECORD OF COLUMBIA, COLUMBIA, S. C.