

12-7-44

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12-11-44

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Clarendon
Township of Plowden Hill
or
Inc. Town of _____
or
City of Alcocks C.

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 1314

FILE No. For State Registrar Only
00109

Registered No. _____
(For use of Local Registrar)

Ward _____

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

2. FULL NAME OF CHILD Shavis Wells

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

3. Boy or Girl <u>Boy</u>	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature	7. Are Parents Married?	8. Date of birth <u>12-24</u>, 19 <u>44</u> (Month, day, year)
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9. Full name FATHER
Shavis Wells

18. Name before marriage MOTHER
Olivia Wells

10. Residence (mailing address)
(If non-resident, give place and State)

19. Residence (mailing address)
(If non-resident, give place and State) Alcocks C.

11. Color or race..... 12. Age at child's birth..... (years)

20. Color or race..... 21. Age at child's birth..... (years)

13. Birthplace (city or place)
(State or country)

22. Birthplace (city or place)
(State or country) Kershaw County, SC

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.....

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....

16. Date (month and year) last engaged in this work

25. Date (month and year) last engaged in this work

17. Total time (years) spent in this work.....

26. Number of children of this mother (At time of birth and including this child (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn

27. If stillborn, period of gestation..... months weeks 28. Cause of stillbirth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at _____ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return. }

Given name added from a supplementary report _____
(Date of) _____

Registrar.

(Signed) Pansy Brogdon, Parent
or P. B. of 227 Sumter St., Guardian
Address 227 Sumter St.
Filed 12-15, 1944 L. A. Riser, M.D.
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See Instructions on Back of Certificate.)