

|| (1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

23283

(1) PLACE OF BIRTH

County of Murphy

Township of Fluitt

or
Inc. Town of

or
City of

Registration District No. 340.3 Registered No. 22
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Hazel I. Shealy { If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL? Girl

(4) Twin
or triplet?

(5) Number in
order of birth

(6) Are
Parents
Married? Yes

(7) DATE OF BIRTH May 9 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hazel I. Shealy

(9) PRESENT POSTOFFICE OF FATHER Panama S.C.

(10) COLOR OR RACE Wht (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Newberry Co.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Julia L. Adams

(15) PRESENT POSTOFFICE OF MOTHER Panama S.C.

(16) COLOR OR RACE Wht. (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Newberry Co.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5-9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. L. Shealy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Newberry Co.

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed May 25 1912 (28) J. G. 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.