

(1) PLACE OF BIRTH

County of GrovilleTownship of Groville

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2209Registered No. 60

(For use of Local Registrar)

(No. 41 Por)St. Wenaghan Hill Ward

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

(2) Full Name of Child Joel R. Shaffer

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

3) BOY OR GIRL Boy

4) Twin or Triplet

5) Number in order of birth

6) A. Person Married Yes

7) DATE OF BIRTH

Feb 14, 1923
(Month of Day) (Year)

FATHER

8) FULL NAME Didrick B. Shaffer9) PRESENT POSTOFFICE OF FATHER Groville S.C.10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)12) BIRTHPLACE S.C.13) OCCUPATION Cotton Mill Op.20) Number of children born to mother, including present birth 8

MOTHER

14) NAME BEFORE MARRIAGE Janie Bruce15) PRESENT POSTOFFICE OF MOTHER Groville S.C.16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)18) BIRTHPLACE S.C.19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated. (If stillborn, give date of stillbirth)(23) (Signature) J. Bruce(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Groville, S.C.

Given name added from a supplemental report

May 8, 1923Janie Bruce 1923

(26) Witness

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

(27) Date Feb 14, 1923

Local Registrar

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

Filed 9-15-30, 19

Registrar

Registrar