

(1) PLACE OF BIRTH

County of Lexington
 Township of Blatt Springs

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
19397

In Town of Registration District No. 31.0.9 Registered No. 3.6
 (For use of Local Registrar)
 City of (No. St.; Ward)
 If child is in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child CARL WINGARD SHUMPERT If child is not yet named, make supplemental report as directed

(4) Twin or triplet? <u>Boys</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 27th 1939</u> (Name of Month) (Day) (Year)
FATHER <u>Shulging Shumpert</u>		MOTHER <u>Mary Elizabeth Boone</u>	
(14) NAME BEFORE MARRIAGE <u>Gaston S.C. Rfd</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Gaston S.C. Rfd</u>	
(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(18) BIRTHPLACE <u>Gaston S.C. Rfd</u>		(19) OCCUPATION <u>Home</u>	
(20) Number of children born to father including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 A on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Wingard, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lexington S.C.

Given name added from a supplemental report
June 4 1945
M. B. Woodward, M.D.
 Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 24 1945 (28) C. E. Taylor 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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