

(1) PLACE OF BIRTH

County of Fluence
 Township of Fluence
 or
 Inc. Town of Fluence
 or
 City of Fluence

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only

30126

Registration District No. 20-A Registered No. 271
 (For use of Local Registrar)

(No. Fluence Infirmary St.; 4 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Shirley Elizabeth Inman (If child is not yet named, make supplemental report as directed)

3) MALE GIRL
 4) Twin or Triplet?
 5) Number in order of birth 1
 6) Are Parents Married? yes
 7) DATE OF BIRTH Sept 7 1922
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.

8) FULL NAME William Earl Inman
 9) PRESENT POSTOFFICE OF FATHER Fluence, S.C.
 10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
 (Years)
 12) BIRTHPLACE York, S.C.
 13) OCCUPATION Salesman

MOTHER.

14) NAME BEFORE MARRIAGE Ruth Elizabeth Hubbard
 15) PRESENT POSTOFFICE OF MOTHER Fluence, S.C.
 16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (Years)
 18) BIRTHPLACE Fluence, S.C.
 19) OCCUPATION Domestic

20) Number of children born to mother, including present birth one
 21) 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 alive at 7:30 AM.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edith M. D.
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 9-9-22 (28) P. H. Bughaw 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.

SECTION OF COLUMBIA, COLUMBIA, D. C. FIRST PUBLISHED, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.