

## (1) PLACE OF BIRTH

County of Fluence  
 Township of Fluence  
 or Fluence  
 Inc. Town of Fluence  
 or Fluence  
 City of Fluence  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## 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-ARegistered No. 277

(For use of Local Registrar)

(No. Fluence Infirmary St. 4 Ward 4)(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 23 is signed by mark)

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