

## (1) PLACE OF BIRTH

County of Windsor  
 Township of Lanes  
 OR  
 Inc. Town of .....  
 OR  
 City of .....  
 (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

75134

Registration District No. 4308 Registered No. 80  
 (For use of Local Registrar)

(2) Full Name of Child Martin Luther Shell

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH Aug. 28, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam Shell  
 (9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 39  
 (Years)  
 (12) BIRTHPLACE Georgetown S.C.  
 (13) OCCUPATION Sawmill hand  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Darby  
 (15) PRESENT POSTOFFICE OF MOTHER Lanes, S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18  
 (Years)  
 (18) BIRTHPLACE Lanes, S.C.  
 (19) OCCUPATION Field Laborer  
 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Caroline Lane(24) State whether Physician or Midwife midwife Address of Physician or Midwife Lanes S.C.

Given name added from a supplemental report

(26) Witness J. P. Baggett sub. reg.

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

(27) Filed 8/27 19 16 (28) A. R. Mosley 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.