

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
City of Anderson

(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

37068

Registration District No. 30ARegistered No. 414

(For use of Local Registrar)

(No. Plcauw St St.; Ward)(2) Full Name of Child Geneva Shiflett

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

(3) BOY OR GIRL X

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH 11 10 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Thos. Shiflett(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 52
(Year)(12) BIRTHPLACE Hart Co. Ga.(13) OCCUPATION Cotton mill work(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Mc Culley(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19
(Year)(18) BIRTHPLACE Hart Co. Ga.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 00 M.,
on the date above stated, (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Wade Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson S.C.

Given name added from a supplemental report:

(26) Witness,
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed (28) F. B. CRAYTON,
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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