

FORM NO. 4
 TO BE FILLED IN BY THE PHYSICIAN OR MIDWIFE ATTENDING THE BIRTH OF THE CHILD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 6.

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH
 County of Greenville STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
52299

Township of
 or
 Inc. Town of Registration District No. 22. A. Registered No. 96
 or
 City of Greenville (No. 117 Douglas St. (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St. 5 Ward

(2) Full Name of Child Victor James Shackleton If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>
(7) DATE OF BIRTH <u>March 5, 1916</u> <small>(Name of Month) (Day) (Year)</small>			
FATHER.		MOTHER.	
(8) FULL NAME <u>Nathaniel Shackleton</u>		(14) NAME BEFORE MARRIAGE <u>Anna Luisk</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Greenville S.C.</u>		(18) BIRTHPLACE <u>Greenville S.C.</u>	
(13) OCCUPATION <u>Teacher</u>		(19) OCCUPATION <u>Laundress</u>	
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:10 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) L. B. Morrison

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report 191...
 Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by marks)

(27) Filed Mar 15 1916 (28) C. E. Smith
 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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