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FILE No.—For State Registrar Only

00105

1. PLACE OF BIRTH
 County of Clarendon
 Township of.....
 or
 Inc. Town of Summerton
 or
 City of.....

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1304 Registered No.
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)
 2. FULL NAME OF CHILD Francis Lionel Shiner (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy If Plural Births 4. Twin, triplet, or other..... 6. Premature..... 7. Are Parents Married? Yes 8. Date of birth Oct. 24, 1942
 5. Number, in order of birth..... Full term..... (Month, day, year)

9. Full name Melvin Lucius Shiner FATHER 18. Name before marriage Sallie Richbourg MOTHER
 10. Residence (mailing address) Summerton, S.C. 19. Residence (mailing address) Summerton, S.C.
 (If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 42 (Years) 20. Color or race White 21. Age at last birthday 36 (Years)
 13. Birthplace (city or place) Lone Star, S. C. 22. Birthplace (city or place) Summerton, S. C.
 (State or country) (State or country)

| OCCUPATION | OCCUPATION |
|--|--|
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bookkeeper</u> | 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u> |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. |
| 16. Date (month and year) last engaged in this work 19..... | 25. Date (month and year) last engaged in this work 19..... |
| 17. Total time (years) spent in this work..... | 26. Total time (years) spent in this work..... |

27. Number of children of this mother (At time of birth and including this child) 2 (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

Specify any physical deformities of child at birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at..... m. on the date above stated.
 (Born alive or stillborn)
 (When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
 (Signed) Ronal C. Smith, M.D.

Given name added from a supplemental report..... (Date of)
 or....., Midwife
 Address Summerton, S. C.

Filed 6/10, 1942 R. E. Wells
 Registrar. Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)