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FILE No.—For State Registrar Only

00105

1. PLACE OF BIRTH

County of Clarendon

Township of

or
Inc. Town of Summertonor
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 <u>Boy</u>	If Plural births	4. Twin, triplet, or other.....	6. Premature.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>Oct. 24</u> 19 <u>42</u> (Month, day, year)
		5. Number, in order of birth.....	Full term.....		

9. Full name <u>Melvin Lucius Shiner</u>		18. Name before marriage <u>Sallie Richbourg</u>	
10. Residence (mailing address) (If non-resident, give place and State) <u>Summerton, S.C.</u>		19. Residence (mailing address) (If non-resident, give place and State) <u>Summerton, S.C.</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>42</u> (Years)	20. Color or race <u>White</u>	21. Age at last birthday <u>36</u> (Years)
13. Birthplace (city or place) (State or country) <u>Lone Star, S. C.</u>		22. Birthplace (city or place) (State or country) <u>Summerton, S. C.</u>	
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.....	17. Total time (years) spent in this work.....	25. Date (month and year) last engaged in this work, 19.....	26. Total time (years) spent in this work.....
27. Number of children of this mother (At time of birth and including this child) <u>2</u> (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.(When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.)(Signed) Donald C. Smith, M.D.

or....., Midwife

Given name added from
a supplemental report.....
(Date of)Address Summerton, S. C.Filed 6/10, 1942 R. E. Wells

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)