

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

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(1) PLACE OF BIRTH
County of Ham
Township of Greenfield
or
Inc. Town of Registration District No. 2506
City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No.) Registered No. 38
(For use of Local Registrar)
Ward

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. 64821 For State Registrar Only

(2) Full Name of Child Gertrude Frankli Shelley { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 20 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Lawrence Shelley</u>	(14) NAME BEFORE MARRIAGE <u>Gertrude Fowler</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Labor. N.C.R. #2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Labor N.C. Route #2</u>			
(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(18) COLOR OR RACE <u>white</u>		
(12) BIRTHPLACE <u>Green Sea S.C.</u>	(19) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>			
(13) OCCUPATION <u>Farming</u>	(20) BIRTHPLACE <u>Green Sea, S.C.</u>			
(20) Number of children born to mother, including present birth <u>2</u>	(21) OCCUPATION <u>House wife</u>			
(22) Number of children of this mother now living, including present birth <u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 127 A.M.,
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) A. Lewis M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Labor. N.C. Route #2

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

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

(27) Filed July 1 1916 (28) S. D. May, Jr. 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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