

## (1) PLACE OF BIRTH

County of Kershaw  
Township of Orkney

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43085

Inc. Town of ..... Registration District No. 2701 Registered No. 765  
(For use of Local Registrar)  
City of ..... (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 James Lally Charles { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married Yes (7) DATE OF BIRTH Jul 10 32  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Carl Lee Shurly(9) PRESENT POSTOFFICE OF FATHER Causeway(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48 (Years)(12) BIRTHPLACE Darlington Co(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth { ..... 4 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Fanny Gladden(15) PRESENT POSTOFFICE OF MOTHER Causeway(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Kershaw Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth { ..... 4 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) [Signature]

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

Physician Causeway SC

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 Jan 11 1933 (28) [Signature] 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.

It is desired of stillbirths