

(1) PLACE OF BIRTH

County of LowndesTownship of Townsend

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

38908

Registration District No. 7509Registered No. 96
(For use of Local Registrar)

(2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl(4) Twin or Triplet? ✓
To be answered only in event of Twins or Triplets(5) Number in order of birth ✓(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nathan M. Laurin Shelley(9) PRESENT POSTOFFICE OF FATHER Missouri B.C. B.D.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Lowndes County, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Carter(15) PRESENT POSTOFFICE OF MOTHER Missouri B.C. B.D.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Lowndes County, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Boys alive or stillborn... at 1:30 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. D. G. Thomas(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Lowndes Co.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 10 1922(28) Lowndes Co.

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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