

Form No. 1

(1) PLACE OF BIRTH

County of Laurens
 Township of Youngs
 or
 Inc. Town of Laurens
 or
 City of S.C.
 (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

90673

Registration District No. 2908Registered No. 97
(For use of Local Registrar)(2) Full Name of Child Niki Thelma Shell { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 17, 1916
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Niki Leial
 (9) PRESENT POSTOFFICE OF FATHER Youngs S.C.
 (10) COLOR Black (11) AGE AT LAST BIRTHDAY 28
 OR RACE (Years)
 (12) BIRTHPLACE Youngs Laurens Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 5 True

MOTHER.

(14) NAME BEFORE MARRIAGE Marion Shell
 (15) PRESENT POSTOFFICE OF MOTHER Youngs S.C.
 (16) COLOR Black (17) AGE AT LAST BIRTHDAY 25
 OR RACE (Years)
 (18) BIRTHPLACE Laurens S.C.
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth 5 True

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:00 PM Dec. 17
 (Born alive or stillborn) (Hour A. M. or P. M.) 1916
 on the date above stated.

(23) (Signature) midwife Alice Beto
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Youngs S.C.

Given name added from a supplemental report

(26) Witness Willie Shell & wife
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1/10 1917 (28) P. S. Harris 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.

State of Columbia
 in case of twins or triplets, see Supplemental Report, Form No. 2, etc., in question 8.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

