

(1) PLACE OF BIRTH

County of Franklin
Township of Liberty
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16214

Registration District No. 3607

Registered No. 381
(For use of Local Registrar)

City of (No. 7) St. Ward

(2) Full Name of Child Shela Inohrnett

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

(J) BOY OR GIRL *one*

(4) Twin or Triplet To be an

(5) Number in order of birth
 second of Twins or Tri

(U) ~~ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED~~

(7) DATE OF BIRTH 7

BIRTH May 23 22
(Name of Month) (Day) (Year)

FEATHER.

(8) FULL NAME Bill Inabnet

(9) PRESENT POSTOFFICE OF FATHER *Salisbury*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *24*

(12) BIRTHPLACE _____

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE *Juliah Bell*

(19) PRESENT POSTOFFICE OF MOTHER *Fuller St. C.*

(16) COLOR OR RACE *Caucasian* (17) AGE AT LAST BIRTHDAY..... *25*

(18) BIRTHPLACE LAKE CHARLES, MISSISSIPPI

(18) OCCUPATION *Domestic*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was alive at 12:01 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(20) Witness

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

170 FIVE

May.

(28)

S. M. Tarrant

Register

... 19 ...
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.