

(1) PLACE OF BIRTH

County of WashingtonTownship of Broad RiverInc. Town of
orCity of (No. St. Ward)
(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

39248

2) Full Name of Child James Boyd Shealy

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

To be answered only in event of twins or triplets

(6) Are Parents Married?

yes

7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

James Boyd Shealy

(14) NAME BEFORE MARRIAGE

Geneva Alice Lindler

(9) PRESENT POSTOFFICE OF FATHER

Chapin S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Chapin S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25
(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

machinist

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

4

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 7:30 A. A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. F. M.D.

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

Little Mountain S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov. 29, 1911 (28) Mrs. M. M. Fick
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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