

## (1) PLACE OF BIRTH

County of LexingtonTownship of 4.214

or

Inc. Town of

or

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

33039

Registration District No. 3106Registered No. 453

(For use of Local Registrar)

(2) Full Name of Child Larry Thomas Shady

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

(3) BOY OR GIRL Boy

(4) Was it a stillbirth?

(5) Number in order of birth 3(6) Are Parents Married Yes(7) DATE OF BIRTH Dec 28 1913

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Lamar Shady(9) PRESENT POSTOFFICE OF FATHER B. Aluston S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 38(12) BIRTHPLACE G. Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE Mother Jones(15) PRESENT POSTOFFICE OF MOTHER B. Aluston S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 38(18) BIRTHPLACE G. Co(19) OCCUPATION Farmer(20) 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 or stillborn, at 11:45 A.M. on the date above stated.(23) (Signature) R. G. Macthies(24) State whether Physician or Midwife and Address of Physician or Midwife Small Co

Given name added from a supplemental report

(25) Witness

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

(27) Filed

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(28)

Registrar

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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