

## (1) PLACE OF BIRTH

County of Charleston  
 Township of St. James  
 or  
 Inc. Town of McClallanville  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

10358

Registered No. 26  
 (For use of Local Registrar)

## (2) Full Name of Child

Paula Shelley and

St. \_\_\_\_\_ Ward \_\_\_\_\_  
 If child is not yet named, make supplemental report as directed

3) BOY OR  
 GIRL girl

(4) Twin  
 or Triplet

(5) Number in  
 order of birth 14

(6) Are  
 Parents  
 Married? yes

(7) DATE OF  
 BIRTH Apr 15 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
 NAME Morris Shelley and

(9) PRESENT  
 POSTOFFICE  
 OF FATHER Santee

(10) COLOR  
 OR  
 RACE Negro

(11) AGE AT LAST  
 BIRTHDAY 49  
 (Years)

(12) BIRTHPLACE  
Charleston Co

(13) OCCUPATION  
Day Labor

(20) Number of children born to  
 mother, including present birth 14

## MOTHER.

(14) NAME BEFORE  
 MARRIAGE Lucy Matthews

(15) PRESENT  
 POSTOFFICE  
 OF MOTHER Santee

(16) COLOR  
 OR  
 RACE Negro

(17) AGE AT LAST  
 BIRTHDAY 40  
 (Years)

(18) BIRTHPLACE  
Charleston Co

(19) OCCUPATION  
Day Labor

(21) Number of children of this mother  
 now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive 2 P M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Betty Harrison

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife  
Santee

Given name added from a supplement-  
 al report

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only  
 when question 23 is signed by mar)

(27) Filed Apr 27 1922 (28) Ed A. Beckman  
 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.

IN CASE OF STILLBIRTH, THE PHYSICIAN OR MIDWIFE MUST REPORT THE BIRTH OF EACH CHILD, AND MARK THE  
 THIS BIRTH. No. 1 FILE OFFICE No. 2, etc., in question 5.