

(1) PLACE OF BIRTH

County of *Kershaw*Township of *DeKalb*OR
Inc. Town ofOR
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

Registration District No. *2901*

File No.—For State Registrar Only

43067

Registered No. *293*
(For use of Local Registrar)(2) Full Name of Child *Baby Shields*

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

(3) BOY OR GIRL *Boy*(4) Twin or Triplet? ☒

To be answered only in event of Twin or Triplets

(5) Number in order of birth *1*(6) Are Parents Married? *No*

(7) DATE OF

BIRTH *10* *18* *22*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Samuel Strong

(9) PRESENT POSTOFFICE OF FATHER

Candlers C.

(10) COLOR OR RACE

Col(11) AGE AT LAST BIRTHDAY *35*
(Years)

(12) BIRTHPLACE

Lumberton O.C.

(13) OCCUPATION

Butler

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Shields

(15) PRESENT POSTOFFICE OF MOTHER

Candlers C.

(16) COLOR OR RACE

Col(17) AGE AT LAST BIRTHDAY *36*
(Years)

(18) BIRTHPLACE

County - Kershaw Co

(19) OCCUPATION

Domestic

(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* at *12:30* *A*.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Candlers C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28)

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.