

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of

Township of

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

76189

Registration District No. 1001 Registered No. 66

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY  
GIRL

Boy

(4) Twin  
or Triplet?

X

(5) Number in  
order of birth

X

To be answered only in case of twins or triplets

(6) Are  
Parents  
Married?

yes

(7) DATE OF  
BIRTH

9 29 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME

V. M. Shell

(9) PRESENT  
POSTOFFICE  
OF FATHER

Gaffney S. C. R. 70. #6

(10) COLOR  
OR  
RACE

white

(11) AGE AT LAST  
BIRTHDAY

25 (Years)

(12) BIRTHPLACE

D. C.

(13) OCCUPATION

farmer

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

1

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Nell Smith

(15) PRESENT  
POSTOFFICE  
OF MOTHER

same

(16) COLOR  
OR  
RACE

white

(17) AGE AT LAST  
BIRTHDAY

23 (Years)

(18) BIRTHPLACE

Ala.

(19) OCCUPATION

Domestic

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was

alive, at 2:15 P. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

R. D. Ferguson  
M. D. Gaffney S. C.Given name added from a supplement  
tal report

191

Registrar

(26) Witness

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

(27) Filed

Oct 6 1916

(28)

C. C. Green  
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.