

## (1) PLACE OF BIRTH

County of LexingtonTownship of Hicknut Hollis

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

43533

Registration District No. 3107Registered No. 102  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 1 1922</u> (Name of Month) (Day) (Year)
(8) FATHER's FULL NAME <u>Victor Shealy</u>			(9) MOTHER's NAME BEFORE MARRIAGE <u>Edna Shealy</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Summit, S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Summit, S.C.</u>	
(12) COLOR OR RACE <u>White</u>			(13) AGE AT LAST BIRTHDAY <u>25</u> (Year)	
(14) BIRTHPLACE <u>S.C.</u>			(15) AGE AT LAST BIRTHDAY <u>22</u> (Year)	
(16) OCCUPATION <u>Farmer</u>			(17) OCCUPATION <u>Domestic</u>	
(18) Number of children born to mother, including present birth <u>Two</u>			(19) Number of children of this mother now living, including present birth <u>Two</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. A. Smith, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Hicknut, 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

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(28)

Local Registrar

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.

Registrar

Local Registrar

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MARGIN RESERVED FOR REGISTRATION. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

REGARD OF COLUMBIA, COLUMBIA, S. C.

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