

(1) PLACE OF BIRTH

County of PickensTownship of Centralor
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. 9200 Registered No. 22
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Ernest Frederick Shirley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 20 1923</u> (Month of Month) (Day) (Year)
----------------------------	---	---------------------------------------	------------------------------------	--

FATHER.		MOTHER.	
(8) FULL NAME <u>Leonard Shirley</u>	(14) NAME BEFORE MARRIAGE <u>Ephes Patterson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Catachee, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Catachee, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Ga</u>	(13) OCCUPATION <u>Cotton Mill Worker</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>-</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)(23) (Signature) J. L. Webb (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Catachee, 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 July 1 1923 (28) J. H. Beauden Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

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.