

(1) PLACE OF BIRTH

County of Newberry
 Township of Liberty
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

90463

Registration District No. 2701

Registered No. 758
 (For use of Local Registrar)

(2) Full Name of Child

Shemie Starkland

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Age Parents (days) 185 (7) DATE OF BIRTH Dec 9 1916
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Shemie Starkland</u>	(14) NAME BEFORE MARRIAGE <u>Edena Storm</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Westville SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Nash SC</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Stevens Co</u>	(18) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Lumber</u>	(19) OCCUPATION <u></u>
(20) Number of children born to mother, including present birth <u>3</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 19 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret White
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Camden SC

Given name added from a supplemental report
 (26) Witness Rebecca Truesdell
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 16 1916 (28) W. H. McLean 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.