

## (1) PLACE OF BIRTH

County of .....  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of *Spots*

# CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

12787

Registration District No. *40-a* Registered No. *174*  
 (For use of Local Registrar)

(No. *36* *Oakland Ave* Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Wm. Lefebvre* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL ..... (4) Twin or Triplet? ..... (5) Member in order of birth ..... (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *3-1-22*  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME *Geo A Shea* (14) NAME BEFORE MARRIAGE *Carrie Stewart*  
 (9) PRESENT POSTOFFICE OF FATHER *City* (15) PRESENT POSTOFFICE OF MOTHER *City*  
 (10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *30* (16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *30*  
 (12) BIRTHPLACE *S.C.* (18) BIRTHPLACE *S.C.*  
 (13) OCCUPATION *Coal & Wood Dealer* (19) OCCUPATION *Housewife*  
 (20) Number of children born to mother, including present birth *1* (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 ..... at *9:20* M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *Joe W Allen* (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) FILED *5-1-22* (28) *Joe W Allen* 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.

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RECEIVED FOR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc. in question 3.