

(1) PLACE OF BIRTH

County of Sumter
 Township of Shiloh
 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

74931

Registration District No. 4-10-7 Registered No. 87
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rebecca Shields } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ✓ (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH August 7, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hampton Shields

(9) PRESENT POSTOFFICE OF FATHER Atlanta Ga

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38
 (Years)

(12) BIRTHPLACE Sumter co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Bell McClinton

(15) PRESENT POSTOFFICE OF MOTHER Atlanta Ga

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33
 (Years)

(18) BIRTHPLACE Sumter co

(19) OCCUPATION Housekeeping

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 12 AM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Shields

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Shiloh Ga

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed 8-7-1916 (28) S. B. McClinton 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.

MARGIN RESERVED FOR BINDING.

WRITE MAINLY, 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 McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.