

## (1) PLACE OF BIRTH

County of Anderson

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Brown's Creekor  
or

Inc. Town of

Registration District No. 302 Registered No. 8

(For use of Local Registrar)

City of

(No.

St.;

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) <del>BOY</del> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 15</u> 191 <u>6</u> (Name of Month) (Day) (Year)
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## FATHER.

(9) FULL NAME J R Shirley(9) PRESENT POSTOFFICE OF FATHER Easley R #4(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 58 (Years)(12) BIRTHPLACE Anderson Co S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Hell Elizabeth Hanks(15) PRESENT POSTOFFICE OF MOTHER Easley R #4(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE N.C.(19) OCCUPATION House Work(21) Number of children of this mother now living, including present birth { 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 5 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Tripp(24) State whether Physician or Midwife (25) Address of Physician or Midwife M. D.

Given name added from a supplemental report

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

(27) Filed Feb 25 1916 (28) W. T. Watson 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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