(1) PLACE OF BIRTH

County of ....Saluda....

Township of ....H............
or
Inc. Town of.................
or
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. 3903.. Registered No. 13.........
(For use of Local Registrar)

File No.—For State Registrar Only
16594

(No. ....St.; ....Ward)

(2) Full Name of Child Richard Arthur Shealy | If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth 1	(6) Are Parents Married? Yes	(7) DATE OF BIRTH March 22, 19 2 2 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Oscar Cleveland Shealy	(14) NAME BEFORE MARRIAGE Saluda M. Derrick
(9) PRESENT POSTOFFICE OF FATHER Saluda	(15) PRESENT POSTOFFICE OF MOTHER Saluda
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Saluda Co SC	(18) BIRTHPLACE Saluda Co SC
(13) OCCUPATION Banker	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth Three	(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.........at 9 30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jno Ritts
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Saluda SC

Given name added from a supplemental report

....
.........19....
Registrar

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

(27) Filed May 22, 1922 (28) J. B. Crosson
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.