CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
32479

(1) PLACE OF BIRTH

County of Sumter
Township of Shilon
or
Inc. Town of .....
or
City of .....

Registration District No. 407 Registered No. 79
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child: C. L. Bleas Shields (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	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			Yes	Sept 7 1912

FATHER

(8) FULL NAME: Dozier Shields
(9) PRESENT POSTOFFICE OF FATHER: Santee Rt 2
(10) COLOR OR RACE: Negro
(11) AGE AT LAST BIRTHDAY: 52 (Years)
(12) BIRTHPLACE: Sumter Co
(13) OCCUPATION: Farming
(20) Number of children born to mother, including present birth: 13

MOTHER

(14) NAME BEFORE MARRIAGE: Viola Moore
(15) PRESENT POSTOFFICE OF MOTHER: Santee Rt 2
(16) COLOR OR RACE: Negro
(17) AGE AT LAST BIRTHDAY: 39 (Years)
(18) BIRTHPLACE: Sumter Co
(19) OCCUPATION: Housework
(21) Number of children of this mother now living, including present birth: 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha J Willson
(24) State whether Physician or Midwife: Mid Wife
(25) Address of Physician or Midwife: Santee Rt 2

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 9-18 1912 (28) S. B. McElveen 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.

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

WHITE PLAINS, N. Y. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Made of Columbia, Columbia, S. C.