

(1) PLACE OF BIRTH

County of AndersonTownship of Varennick

Inc. Town of

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

File No.—For State Registrar Only

31008

Registration District No. 3/3Registered No. 50
(For use of Local Registrar)(2) Full Name of Child Shawn Detinger If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or Triplet? ✓(5) Number in order of birth 1(6) Are Parents Married? ✓(7) DATE OF BIRTH Oct. 11, 20
(Name of Month) (Day) (Year)(8) FULL NAME OF FATHER John Martin Detinger(9) PRESENT RESIDENCE OF FATHER Low S.C. 221(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Anderson S.C.(13) OCCUPATION Printer(14) Number of children born to mother, including present birth 1...2(14) NAME BEFORE MARRIAGE Florence M. Chase(15) PRESENT RESIDENCE OF MOTHER Low S.C. 221(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Anderson S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1...2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive 9:45 A.M. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) F. H. Brown(23) State whether Physician or Midwife (24) Address of Physician or Midwife Physician Anderson S.C.

Given name and date of supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Nov. 23, 23 (27) G. A. Elrod 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.

(28) Filed Nov. 23, 23 (29) G. A. Elrod Local Registrar

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