

(1) PLACE OF BIRTH

County of FlorenceTownship of M.C. Mullan

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6933

Registration District No. 2011 Registered No.
(For use of Local Registrar)

(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 John Paul Shrygg If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Sex Male (6) DATE OF BIRTH Feb 27, 23
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Luther Shrygg</u>	(14) NAME BEFORE MARRIAGE <u>Edna Shrygg</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Clawson</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Clawson</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>neg w</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Agnes Jones
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clawson

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed MAR 26 19 23 (28) W. V. Hall
Registrar 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.