(1) PLACE OF BIRTH

County of Lexington

Township of Saluda

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 778

Registration District No. 311 Registered No. 57
(For use of Local Registrar)

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

(2) Full Name of Child Alice Pearlene Sheely (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? | (5) Number in order of birth (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Mar. 12, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lester Horace Sheely

(9) PRESENT POSTOFFICE OF FATHER Chapin

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Maybelle Kelley

(15) PRESENT POSTOFFICE OF MOTHER Chapin

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Premature (Born alive or stillborn) at 12:01 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) H. Lease

(24) State whether Physician or Midwife M.D. | (25) Address of Physician or Midwife Little Mountain

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 Jan. 20 1923 (28) Jurtassmann
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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