

(1) PLACE OF BIRTH

County of

Township of

OF
Inc. Town ofOF
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

4329

Registration District No. 280

Registered No. 11
(For use of Local Registrar)(2) Full Name of Child *Maria Frances Shahan*

If child is not yet named, make supplemental report as directed

1) BOY OR GIRL *girl*4) Twin or Triplet? ☒

5) Number in order of birth

6) Are Parents Married? *yes*7) DATE OF BIRTH *Feb 15 1923*
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME *Rev Palmer Shahan*9) PRESENT POSTOFFICE OF FATHER *Laurens S.C.*10) COLOR OR RACE *White*11) AGE AT LAST BIRTHDAY *19*
(Years)12) BIRTHPLACE *Laurens S.C.*13) OCCUPATION *Doctor*20) Number of children born to mother, including present birth *one*

MOTHER.

14) NAME BEFORE MARRIAGE *Emily May Ellis*15) PRESENT POSTOFFICE OF MOTHER *Laurens S.C.*16) COLOR OR RACE *White*17) AGE AT LAST BIRTHDAY *19*
(Years)18) BIRTHPLACE *Laurens S.C.*19) OCCUPATION *Homemaker*21) Number of children of this mother now living, including present birth *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *2 A.M.* on the date above stated. (Born alive or stillborn Hour M. or P. M.)(23) (Signature) *Neale S. Shrewsbury*(24) State whether Physician or Midwife *Physician*(25) Address of Physn. or Midwife *Laurens S.C.*

Given name added from a supplemental report

26) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

27) Date *Feb 15 1923*(28) *J. A. Shahan, M.D.*
Local Registrar.

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes, it is reported as stillborn. No report is desired of stillbirths with month of pregnancy.