

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Newberry
Township of
OR
Inc. Town of
OR
City of Newberry
(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

49924

Registration District No. 34-9 Registered No. 12
(For use of Local Registrar)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child J. B. Shealy

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 20 1916
(Name of Month) (Day) (Year)

FATHER:
(8) FULL NAME J. B. Shealy
(9) PRESENT POSTOFFICE OF FATHER Newberry S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Barber
(14) Number of children born to mother, including present birth one

MOTHER:
(14) NAME BEFORE MARRIAGE Lizzie Clump
(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(20) 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 alive on the date above stated. (Hour A. M. or P. M.) 11:30 P.

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Newberry S.C.

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Mar. 7 1916 (28) J. D. Cunningham 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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