(1) PLACE OF BIRTH

County of Saluda

Township of #3

or

Inc. Town of

or

City of (No. St.; Ward)

(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: 5152

Registration District No. 2.9.0.2. Registered No. 12
(For use of Local Registrar)

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

(3) BOY OR GIRL? girl | (4) Twin or Triplet? Guess | (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 Feb 26 1923 (Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME James Shell	(14) NAME BEFORE MARRIAGE Elvira Mathews
(9) PRESENT POSTOFFICE OF FATHER Prosperity S.C.	(15) PRESENT POSTOFFICE OF MOTHER Prosperity S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:10 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Addie Miller

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife: midwife Jeanette SC 6

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 Feb 28 1923 (28) J. C. Coleman
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.

*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.