

Form No. 1.

(1) PLACE OF BIRTH

County of Lexington
 Township of
 or
 Inc. Town of Batesburg
 or
 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

46840

Registration District No. H-A Registered No. 62
 (For use of Local Registrar)

(2) Full Name of Child Grace Lucinda Shealey } 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 (6) Are yes Parents Married? (7) DATE OF BIRTH Jun 4 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. T. Shealey
 (9) PRESENT POSTOFFICE OF FATHER Batesburg
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE Lexington
 (13) OCCUPATION lumber mill operator
 (20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Rickard
 (15) PRESENT POSTOFFICE OF MOTHER Batesburg
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Lexington
 (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 born alive at 2:25 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos. X. Whelan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Monetta S.G.

Given name added from a supplemental report

(26) Witness S. T. Altman
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jun 13 1916 (28) S. T. Altman 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.

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

M.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