

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.

RECEIVED OF Columbia, Columbia, S. C.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|---|--|---|--|--|--|
| County of <u>Hampton</u> | | STATE OF SOUTH CAROLINA | | 7860 | |
| Township of <u>Laurens</u> | | Bureau of Vital Statistics | | Registered No. <u>10</u> | |
| Inc. Town of | | State Board of Health | | (For use of Local Registrar) | |
| City of | | Registration District No. <u>7401</u> | | Registered No. <u>10</u> | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | (No. <u>7401</u> St. <u>10</u> Ward <u>10</u>) | | | |
| (2) Full Name of Child <u>Rubeshia Shiggy</u> (If child is not yet named, make supplemental report as directed) | | | | | |
| (3) SEX OF CHILD <u>Girl</u> | (4) Twin <u>Yes</u> (To be answered only in case of Twins or Triplets) | (5) Number in order of birth <u>2</u> | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Jan 8</u> 19 <u>22</u> (Name of Month) (Day) (Year) | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>Johnny Shiggy</u> | | | (14) NAME BEFORE MARRIAGE <u>Annie May Ingram</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Hamlet S.C. R3D#1</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Hamlet S.C. R3D#1</u> | | |
| (10) COLOR OR RACE <u>Black</u> | | | (16) COLOR OR RACE <u>Black</u> | | |
| (11) AGE AT LAST BIRTHDAY <u>28</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>22</u> (Years) | | |
| (12) BIRTHPLACE <u>S.C.</u> | | | (18) BIRTHPLACE <u>S.C.</u> | | |
| (13) OCCUPATION <u>Damn work</u> | | | (19) OCCUPATION <u>Damn help</u> | | |
| (20) Number of children born to mother, including present birth <u>1</u> <u>4</u> | | | (21) Number of children of this mother now living, including present birth <u>1</u> <u>2</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>2:30</u> PM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>Della S. Martin</u> | | | | | |
| (24) State whether Physician or Midwife <u>Midwife</u> Address of Physician or Midwife <u>Hamlet S.C. R3D#1</u> | | | | | |
| Given name added from a supplemental report | | | | | |
| (26) Witness <u>Geo. C. Richardson</u> (Signature of Witness necessary only when question 23 is signed by mark) | | | | | |
| (27) Filed <u>Jan 14</u> 19 <u>22</u> (28) <u>Geo. C. Richardson</u> 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. | | | | | |

W. T. Ellis LA