

NATIONAL BUREAU OF VITAL STATISTICS
 DIVISION OF STATISTICS
 FEDERAL BUREAU OF INVESTIGATION
 U. S. DEPARTMENT OF JUSTICE
 WASHINGTON, D. C.

(1) PLACE OF BIRTH
 County of Union
 Township of Cross Keys
 or
 Inc. Town of Sc
 or
 City of _____

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
92078

Registration District No. 4200 Registered No. 54
 (For use of Local Registrar)

(2) Full Name of Child Louis Deshield (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL? boy (4) Twin or Triplet? _____ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 21 1916
 To be answered only in event of Twins or Triplets If child is not yet named, make supplemental report as directed
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME David Deshield
 (9) PRESENT POSTOFFICE OF FATHER Cross Keys Sc
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE Union Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Nannie Grimes
 (15) PRESENT POSTOFFICE OF MOTHER Cross Keys S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27
 (18) BIRTHPLACE Union Co
 (19) OCCUPATION Farmer Wife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mildred Humphreys
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cross Keys Sc

Given name added from a supplemental report _____

(26) Witness Albair Mosely
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12-30 1916 (28) Dr. Mosely 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.