

NOTED: This form is to be filled out by the attending physician or midwife, or by the mother if the child is born at home. It is to be filled out for every child born, whether the child is a resident of the State or not. It is to be filled out for every child born, whether the child is a resident of the State or not. It is to be filled out for every child born, whether the child is a resident of the State or not.

(1) PLACE OF BIRTH

County of Union  
Township of Cross Keys  
or  
Inc. Town of Sc  
or  
City of Sc

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

File No.—For State Registrar Only

92048

Registration District No. 4200

Registered No. 54  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Louis Deshield

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 21 1916  
(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 (Years)  
(12) BIRTHPLACE Union Co  
(13) OCCUPATION Farmer

**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 (Years)  
(18) BIRTHPLACE Union Co  
(19) OCCUPATION Farmer Wife

(20) Number of children born to mother, including present birth 1

(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.