

WRITING 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
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 W. E. McCaw, of Columbia

(1) PLACE OF BIRTH

County of Laurens
 Township of Sullivan
 or Town of Pratts # 6
 or City of Laurens
 (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
46712

Registration District No. 2906 Registered No. 1
 (For use of Local Registrar)
 St.; Ward)

(2) Full Name of Child David Shell

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 18 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Allen Shell</u> FATHER.		(9) FULL NAME <u>Gene Shell</u> MOTHER.		
(9) PRESENT POSTOFFICE OF FATHER <u>Laurens # 6 S.C.</u>		(10) NAME BEFORE MARRIAGE <u>Gene Shell</u>		
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> <small>(Years)</small>	(11) PRESENT POSTOFFICE OF MOTHER <u>Laurens # 6 S.C.</u>	(12) COLOR OR RACE <u>Colored</u>	(12) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Laurens, S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(12) BIRTHPLACE <u>Laurens, S.C.</u>	(13) OCCUPATION <u>House wife</u>	(13) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>9</u>		(21) Number of children of this mother now living, including present birth <u>8</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) M. J. ...
 (24) State whether Physician or Midwife, Midwife, of Physician or Midwife Laurens, S.C.

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness C. G. ...
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 2 1916 (28) W. E. McCaw
 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.

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