

## (1) PLACE OF BIRTH

County of LaurensTownship of SullivanInc. or Town of Pratts #6City 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. 2906Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child David Shell

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? —(5) Number in order of birth —(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 18

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Allen Shell(9) PRESENT POSTOFFICE OF FATHER Laurens #6 S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Laurens, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Gene Shell(15) PRESENT POSTOFFICE OF MOTHER Laurens #6 S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Laurens, S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 8

## 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 live or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. M. X. Brown(24) State whether Physician or Midwife, or both, of Physician or Midwife Midwife Laurens #6, S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness C. G. Davis

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

(27) Filed Jan 2 1916 (28) M. S. Sullivan 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.

\*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.

WRITING PLAINLY, WITH LEADING 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.

WR

M. I.

McCauley