

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.

(1) PLACE OF BIRTH

County of Newberry
Township of Whitman
OR
Inc. Town of Whitman
OR
City of Whitman

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

File No.—For State Registrar Only

43812 143

Registration District No. 3402Registered No. 143
(For use of Local Registrar)

(2) Full Name of Child

Jonathon Shell (No. 1 St.; 143 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?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Dec. 16, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Greene Shell

(9) PRESENT POSTOFFICE OF FATHER

Whitman, S.C.

(10) COLOR OR RACE

Black(11) AGE AT LAST BIRTHDAY 38
(Years)

(12) BIRTHPLACE

Newberry Co

(13) OCCUPATION

Farm

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Bertha Byrd

(15) PRESENT POSTOFFICE OF MOTHER

Whitman, S.C.

(16) COLOR OR RACE

Black(17) AGE AT LAST BIRTHDAY 32
(Years)

(18) BIRTHPLACE

Newberry

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Annella Stinson

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Whitman, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 22, 1922 (28) R.M. Duckitt
Local Registrar.19
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.

Registrar

Local Registrar.

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