

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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

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

File No.—For State Registrar Only

43812

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

(2) Full Name of Child

Jonathon Shell

St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 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 2 (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 Sp
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38
 (Years)
 (12) BIRTHPLACE Newberry Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Bertha Boyd
 (15) PRESENT POSTOFFICE OF MOTHER Whitman Sp
 (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 Midwife Physician or Midwife (25) Address of Physician or Midwife Whitman Sp

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) P.M. Duckitt 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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