

WHITE 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.

McGraw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Newberry</u>		STATE OF SOUTH CAROLINA.		43800	
Township of .....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>34-A</u>		Registered No. <u>192</u>	
or				(For use of Local Registrar)	
City of <u>Newberry</u>		(No. .... St.; .... Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Angella Elvira Shealy</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 24, 1923</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Reiley Cohen Shealy</u>			(14) NAME BEFORE MARRIAGE <u>Obelia Magnolia Hiller</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Newberry SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Newberry SC</u>		
(10) COLOR OR RACE <u>Wht</u>			(16) COLOR OR RACE <u>Wht</u>		
(11) AGE AT LAST BIRTHDAY <u>33</u>			(17) AGE AT LAST BIRTHDAY <u>30</u>		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(19) OCCUPATION <u>Calcutt Hill of Oakline</u>			(20) OCCUPATION <u>Housewife</u>		
(21) Number of children born to mother, including present birth <u>4</u>			(22) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>M. L. P.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Physician Newberry SC</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191....			<u>Jan. 1st 1923</u>		
Registrar			(27) File <u>Jan. 1st 1923</u> (28) <u>B. B. Cunningham</u> 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.

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.