

## (1) PLACE OF BIRTH

County of LeopoldoTownship of Colgateor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Martha B. Shealey(3) ~~SEX~~  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth  
To be answered only in event of Twins or Triplets(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH Dec 18 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mr. Dildbrand Shealey(9) PRESENT POSTOFFICE OF FATHER New Brookland SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Maken Ma(13) OCCUPATION public work(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Violet Conley(15) PRESENT POSTOFFICE OF MOTHER New Brookland SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE New Brookland SC(19) OCCUPATION house wife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James Vuger Midwife(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife New Brookland SC

Given name added from a supplemental report

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

(27) Filed 1/25 19 23 (28) J. C. Lybrand 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 reports desired of stillbirths before the fifth month of pregnancy.

fifth month of pregnancy.

before the fifth month of pregnancy.

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File No.—For State Registrar Only

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