

(1) PLACE OF BIRTH

County of AikenTownship of Rocky

Inn. OF Town of

City of Hamlet

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

(2) Full Name of Child Eliot S. Shumkins If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 8</u> (Name of Month) (Day) (Year) <u>23</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Eliot S. Shumkins</u>			(14) NAME BEFORE MARRIAGE <u>Lewis H. Shumkins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hamletville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hamletville</u>	
(10) COLOR OR RACE <u>Colored</u>			(16) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(11) BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Aiken Co</u>			(18) BIRTHPLACE <u>Aiken Co</u>	
(13) OCCUPATION <u>Common laborer</u>			(19) OCCUPATION <u>Miner</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 P.M. (Born alive or stillborn) (Hour, A. M. or P. M.) on the date above stated.(23) (Signature) Shumkins(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hamletville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 10 1923 (28) W. R. Turnbull Local Registrar

When this certificate is signed by a physician or midwife, then the father, householder, etc., should make this return. If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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