

(1) PLACE OF BIRTH

County of Richland
 Township of Blytheville
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

16510

Registration District No. 3800Registered No. 62
(For use of Local Registrar)

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

(2) Full Name of Child Mable Shell (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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 13, 22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Shell
 (9) PRESENT POSTOFFICE OF FATHER College Place
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 21
 (Years)
 (12) BIRTHPLACE Richland
 (13) OCCUPATION Wage hands
 (20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Hennella Bell
 (15) PRESENT POSTOFFICE OF MOTHER College Place
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE Richland
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Boulware

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

College Place

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 22, 22(28) W. M. Lean

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.