

(1) PLACE OF BIRTH

County of CherokeeTownship of Santeeor
Inc. Town of

City of

(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 John Shelton (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 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 18 22 (Name of Month) (Day) (Year)FATHER. (8) FULL NAME Ben M. Gibson (9) PRESENT POSTOFFICE OF FATHER Manning S.C. 1st (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years) (12) BIRTHPLACE S.C. (13) OCCUPATION Farmer (20) Number of children born to mother, including present birth FourMOTHER. (14) NAME BEFORE MARRIAGE Maggie Trueson (15) PRESENT POSTOFFICE OF MOTHER Manning S.C. 1st (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years) (18) BIRTHPLACE S.C. (19) OCCUPATION Housewife (21) Number of children of this mother now living, including present birth Four(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 5 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) R. P. Pondbury M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Manning S.C.

Given name added from a supplemental report

(26) Witness

(27) Filed Feb 22 19 22 (28) A. J. White 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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