

## (1) PLACE OF BIRTH

County of Wm. burgTownship of Low

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

37903

Registration District No. 4305Registered No. 93  
(For use of Local Registrar)

St. .... Ward)

(No. ....)

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

(2) Full Name of Child Meathed Shaw If child is not yet named, make supplemental report as directedAre Parents Married? Yes (7) DATE OF BIRTH Nov 16 1923  
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Rouley Shaw(2) PRESENT POSTOFFICE OF FATHER Salters Depot. S.C.(3) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE Wm. burg co. S.C.(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Vivian Montgomery(15) PRESENT POSTOFFICE OF MOTHER Salters Depot. S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 29 (Year)(18) BIRTHPLACE Wm. burg co. S.C.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 7(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... Born alive at 10 A.M.  
(Born alive or stillborn) (Hour ... M. or P. M.)

on the date above stated.

(23) (Signature) Louisa Green(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Salters Depot. S.C.

Given name added from a supplemental report

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

(27) Filed Nov. 22 1923 (28) AK Mosley Local Registrar.

19 ... 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.