

(1) PLACE OF BIRTH

County of

Township of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No. — For State Registrar Only

8397

Registered No. 24
(For use of Local Registrar)

(No)

(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

Sarah Elizabeth Shaw

(3) BOY or GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Age, Parents Married?

(7) DATE OF BIRTH

Feb 16, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Mack Shaw

(9) PRESENT POSTOFFICE OF FATHER

McCormick

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

42
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

5

MOTHER

(14) NAME BEFORE MARRIAGE

Carnie Owens

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

alive or stillborn

on the date above stated.

(23) (Signature)

B.A. Matheson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplementary report

(26) Witness

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

(27) Date

Mar 10, 1922

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the return. If a child breathes even once, it must be reported stillborn. No report is desired of children before the fifth month of pregnancy.