

(1) PLACE OF BIRTH  
 County of Lancaster  
 Township of SC  
 or  
 Inc. Town of Lancaster  
 or  
 City of SC  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)  
 Registration District No. 280 Registered No. 2  
 (For use of Local Registrar)  
 (2) Full Name of Child Eugene McShaw 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 Jan 3 19 22  
 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Eugene McShaw (14) NAME BEFORE MARRIAGE Lula Brown  
 (9) PRESENT POSTOFFICE OF FATHER Lancaster SC (15) PRESENT POSTOFFICE OF MOTHER Lancaster SC  
 (10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 22 (Year) (16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 16 (Year)  
 (12) BIRTHPLACE Lancaster SC (18) BIRTHPLACE Lancaster SC  
 (13) OCCUPATION Public Works (19) OCCUPATION House Keeper  
 (20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 1.23 PM, alive, 10.30 AM.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Mary J. Witt  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lancaster SC  
 Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 22 is signed "dead")  
 (27) Filed Jan 7 21 19 22 (28) 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.