

(1) PLACE OF BIRTH

County of Marion
Township of Marion
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4260

Registration District No. 2510 Registered No. 4
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of (No. St.; Ward)

(2) Full Name of Child Elizabeth Mary McShaw If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 2 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard McShaw
(9) PRESENT POSTOFFICE OF FATHER Marion
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47
(Year) (12) BIRTHPLACE Marion
(13) OCCUPATION Farmer at home
(20) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Callie Wilson
(15) PRESENT POSTOFFICE OF MOTHER Marion
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40
(Year) (18) BIRTHPLACE Marion
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 4 0 M.,
on the date above stated. Born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature) W. Lee
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Marion

Given name added from a supplemental report

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

(27) Filed Feb 10 1923 (28) W. Lee
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.