

(1) PLACE OF BIRTH

County of *Willoughby*Township of *Turkey*or
Inc. Town ofor
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

Delas Shaw

File No.—For State Registrar Only

24280

Registration District No. *4311* Registered No. *18*
(For use of Local Registrar)

3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

5) Number in order of birth

2

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Apr 24, 1925
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wesley Shaw

(9) PRESENT POSTOFFICE OF FATHER

Kingslee

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

35
(Year)

(12) BIRTHPLACE

Willoughby

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Duke

(15) PRESENT POSTOFFICE OF MOTHER

Kingslee

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

30
(Year)

(18) BIRTHPLACE

Willoughby

(19) OCCUPATION

House wife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Delas* at *12:15* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Oranah Duke

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 5, 1925

(28)

W. E. Snowdon
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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RECEIVED OF COLUMBIA, COLUMBIA, S. C.