

(1) PLACE OF BIRTH

County of RichlandTownship of Columbia S.C.

Inc. Town of

City of

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

(2) Full Name of Child Shashette Lwin

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

(3) SEX OR GENDER girl (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Age of mother 16 (7) DATE OF BIRTH Dec 24 1923

FATHER.

(8) FULL NAME Juste Lwin

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 34

(12) BIRTHPLACE Kr

(13) OCCUPATION Public work

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lilib Will

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 24

(18) BIRTHPLACE Richland

(19) OCCUPATION Washing

(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 Alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Manie Myers(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Columbia S.C. 701 N. 16th St.

Given name added from a supplemental report

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

(27) Filed Oct 3 1923 by A. J. Shuman 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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 16.—For State Registrar Only

29950

Registration District No. 38E Registered No. 29950

(For use of Local Registrar)

(No. Art. 100 St.; Ward)