

(1) PLACE OF BIRTH

County of *Laurens*Township of *Hartsville*or
Inc. Town of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29841

Registration District No. *1502* Registered No. *89*
(For use of Local Registrar)(2) Full Name of Child *James Leslie Shaw* If child is not yet named, make supplemental report as directed(3) SEX OF
GIRL? *boy*(4) Twin
or Triplet? *✓*(5) Number in
order of birth *✓*

To be answered only in case of twins or triplets

(6) Are
Parents
Married? *✓*(7) DATE OF
BIRTH *Sept 11, 22*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME *John Lawton Shaw*(9) PRESENT
POSTOFFICE
OF FATHER *Hartsville S.C.*(10) COLOR
OR
RACE *White* (11) AGE AT LAST
BIRTHDAY *26*
(Years)(12) BIRTHPLACE
Chesterfield Co(13) OCCUPATION
Callon mill(14) Number of children born to
mother, including present birth *2*

MOTHER.

(14) NAME BEFORE
MARRIAGE *James Rebecca Lett*(15) PRESENT
POSTOFFICE
OF MOTHER *Hartsville S.C.*(16) COLOR
OR
RACE *White* (17) AGE AT LAST
BIRTHDAY *24*
(Years)(18) BIRTHPLACE
Chesterfield Co(19) OCCUPATION
House(20) Number of children of this mother
now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was *Alive* at *11:20 P.* M.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. L. Shaw*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
*M.D. Hartsville S.C.*Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *Sept 19, 22* (28) Local Registrar
*J. M. Hager*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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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before the fifth month of pregnancy.