

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH
County of McCormick
Township of Boardman
City of Boardman (No. 4577)
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registered No. 45
(For use of Local Registrar)
St. Ward
(2) Full Name of Child Lizzie Shaw
(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 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 16 1922
(Name of Month) (Day) (Year)
FATHER: (8) FULL NAME Mark Shaw (9) PRESENT POSTOFFICE OF FATHER McCormick (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Year) (12) BIRTHPLACE S. C. (13) OCCUPATION Labrer
MOTHER: (14) NAME BEFORE MARRIAGE Geneva Owens (15) PRESENT POSTOFFICE OF MOTHER McCormick (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Year) (18) BIRTHPLACE S. C. (19) OCCUPATION housewife
(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) B. A. Matheson
(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 April 10 1922 (28) B. A. Matheson 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.