

(1) PLACE OF BIRTH

County of Marion  
Township of .....  
or  
Inc. Town of Mullins  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4970

Registration District No. 371B

Registered No. 8  
(For use of Local Registrar)

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

(2) Full Name of Child Bascumb Eugene Shaw

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH June 22, 22  
(No. of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Bascumb Shaw

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

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37  
(Years)

(12) BIRTHPLACE Bladen County N.C.

(13) OCCUPATION Public work Draying ect.

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Novelle Rogers

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

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23  
(Years)

(18) BIRTHPLACE Marion County S.C.

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Smith and

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Mullins S.C.

Given name added from a supplemental report

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

(27) Filed Feb. 1, 22 (28) H. M. Scheller  
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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