(1) PLACE OF BIRTH

County of Lancaster

Township of Flat Creek

or

Inc. Town of ..... Registration District No. 2803 Registered No. 118
(For use of Local Registrar)

or

City of ..... (No. ..... St.; ..... Ward)
(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
43165

(2) Full Name of Child. Edna Lucile Shaw

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

(3) BOY OR GIRL? Girl

(4) Twin or triplet? —

(5) Number in order of birth —

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 12, 1922 (Name of Month) (Day) (Year)

To be answered only in event of twins or triplets

FATHER.

(8) FULL NAME John S. Shaw

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

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Chesterfield County

(13) OCCUPATION Cotton mill hand for Lancaster Cotton Mills

(14) Number of children born to father, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Beulah E. Adams

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

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Lancaster County

(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 Liv. (Born alive or stillborn) at 11 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. C. Brearley M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Kershaw S.C.

Given name added from a supplemental report

....., 191....

.....
Registrar

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

(27) Filed Dec 7 1922

(28) J. C. Nelson
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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