

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. For State Registrar Only	
County of <u>Hampton</u>		STATE OF SOUTH CAROLINA		77487	
Township of <u>Dorchester</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Early Branch</u>		Registration District No. <u>2400</u>		Registered No. <u>47</u>	
or City of <u> </u> (No. <u> </u> St.; <u> </u> Ward)				(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 <u>Bessie Shaw</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u> </u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 15-16</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Asa Shaw</u>			(14) NAME BEFORE MARRIAGE <u>Lillian Joiner</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Early Branch</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Early Branch</u>		
(10) COLOR OR RACE <u>Wyo</u>			(16) COLOR OR RACE <u>Wyo</u>		
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Field Work</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Shaw</u> at <u>10.9 M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Gillian X Chestnut</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Early Branch</u>					
Given name added from a supplemental report <u> </u>			(26) Witness <u>W. W. Reaves</u> (Signature of Witness necessary only when question 23 is signed by mark)		
19 <u> </u> Registrar			(27) Filed <u>Sept. 16</u> 19 <u>16</u> (28) <u>W. B. McFar</u> 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.					