

(1) PLACE OF BIRTH

County of Wilkes
 Township of Hope
 or
 Inc. Town of

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

No. for Registrar
37043

Registration District No. 4301 Registered No. 139
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marnie Shaw (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Nov 15 1923</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Leslie Shaw</u>			(14) NAME BEFORE MARRIAGE <u>Nancy Montgomery</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Kingstree S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Kingstree S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Anna McGill

(24) State whether Physician or Midwife
Midwife

(25) Address of Physician or Midwife
Kingstree 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 Nov 22 1923

(28) J. P. Blackwell
 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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