

Form No. 1

(1) PLACE OF BIRTH

County of KershawTownship of Buffalo

or

Inc. Town of

or

City of

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

(2) Full Name of Child P. J. ShawFile No. For State Registrar Only
38946Registration District No. 700 Registered No. 133
(For use of Local Registrar)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Sept 17 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Unknown

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY.....
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Odessa Shaw(15) PRESENT POSTOFFICE OF MOTHER Kershaw(16) COLOR OR RACE Cau (17) AGE AT LAST BIRTHDAY.....
(Years)(18) BIRTHPLACE So.(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... born... at... 11... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Genie Sawyer(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kershaw

Given name added from a supplemental report

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

(27) Filed Sept 17 22 (28) Local Registrar [Signature]

*When there was no attending physician or midwife, then the father, household head, 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.