

Form No. 1

(1) PLACE OF BIRTH

County of *Lancaster*Township of *Cherokee*

Inc. Town of

City of

(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

Registration District No. Registered No. 72

(For use of Local Registrar)

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

(3) BOY OR GIRL <i>boy</i>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <i>yes</i>	(7) DATE OF BIRTH <i>Sept. 11, 1923</i> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Nelson Shaw*(9) PRESENT POSTOFFICE OF FATHER *Lancaster, S. C.*(10) COLOR OR RACE *col.* (11) AGE AT LAST BIRTHDAY *40* (Year)(12) BIRTHPLACE *S. C.*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lane Sidney*(15) PRESENT POSTOFFICE OF MOTHER *Lancaster, S. C.*(16) COLOR OR RACE *col.* (17) AGE AT LAST BIRTHDAY *36* (Year)(18) BIRTHPLACE *S. C.*(19) OCCUPATION *Farming*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *2:30 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. J. Simpson*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *2714 Maple St. Lancaster, S. C.*

Given name added from a supplemental report

(26) Witness *W. J. Simpson*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Sept 30, 1923* (28) *W. J. Simpson*
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.