

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Mayesville  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No. — For State Registrar Only  
**19308**

Registration District No. 4102 Registered No. 37  
 (For use of Local Registrar)

St.; ..... Ward)  
 City of Nathaniel Shaw  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH June 8, 1929  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Albertus Shaw  
 (9) PRESENT POSTOFFICE OF FATHER Mayesville S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION farmer  
 (14) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Minnie Shaw  
 (15) PRESENT POSTOFFICE OF MOTHER Mayesville S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION housewife  
 (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 alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Betty Alexander (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Mayesville S.C.

Given name added from a supplemental report

See Affidavit  
1/5/45  
K.R.  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 12, 1929 (28) A.D. Cooper 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.