FORM NO. 5.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
44941

(1) PLACE OF BIRTH

County of Dorchester

Township of King

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

Registration District No. 4302 Registered No. 97
(For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets		yes	Dec. 26 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Senior Shaw	(14) NAME BEFORE MARRIAGE Alcevs Brown
(9) PRESENT POSTOFFICE OF FATHER Ringolia	(15) PRESENT POSTOFFICE OF MOTHER Ringolia
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Dorchester	(18) BIRTHPLACE Dorchester
(13) OCCUPATION Farmer	(19) OCCUPATION Housekeeper
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Verline J. Shaw

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Ringolia

Given name added from a supplemental report
....., 191....
.....
Registrar

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

(27) Filed Dec 30 1915 (28) B. E. Clackan
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.

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

M. Law, of Columbia.