

(1) PLACE OF BIRTH

County of Lithburg
 Township of Kindville
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37721 X

Registration District No. 4007Registered No. 49
(For use of Local Registrar)

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

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

(3) SEX OR CHILD Boy (4) Twin or Triplet 3 (5) Number in order of birth 3 (6) Are Parent Married yes (7) DATE OF BIRTH Oct. 22 1923
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Bull Shaw (9) PRESENT POSTOFFICE OF FATHER Switzer S.C. (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23 (12) BIRTHPLACE S.C. (13) OCCUPATION Farming (14) Number of children born to mother, including present birth 3

MOTHER. (14) NAME BEFORE MARRIAGE Lovie McClinch (15) PRESENT POSTOFFICE OF MOTHER Switzer S.C. (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 24 (18) BIRTHPLACE S.C. (19) OCCUPATION Domestic (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (21) I hereby certify that I attended the birth of this child, who was alive at 8:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (22) (Signature) J. Y. Wright M.D. (23) Address of Physician or Midwife Sumner S.C.
 (24) State whether Physician or Midwife

Given name added from a supplemental report
 (25) Whose (Signature of Witness necessary only when question 23 is signed as above)
 (26) J. Y. Wright M.D.
 (27) Oct. 10 1923 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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