

(1) PLACE OF BIRTH

County of Henderson

Township of

or
Inc. Town of Bethesda

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

No. 2785Registration District No. 290 Registered No. 35
(For use of Local Registrar)(2) Full Name of Child William Thompson Shaw (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl (4) Type of Twin 1st (5) Number in order of birth 1 (6) Sex Female (7) DATE OF BIRTH Feb. 24, 1923
(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Peter Thompson Shaw(9) PRESENT RESIDENCE OF FATHER Bethesda(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
(Year)(12) BIRTHPLACE Henderson Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Four

MOTHER.

(15) FULL NAME Minnie Bell Hunkins(16) PRESENT RESIDENCE OF MOTHER Bethesda(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 23
(Year)(19) BIRTHPLACE Henderson Co(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. Samuel M. B.
(24) Name whether Physician or Midwife (25) Address of Physician or Midwife BethesdaGiven name added during 2-month period
the report(26) Witness
(Signature of Witness necessary only
when question is to be signed by mother)(27) Date Mar 2, 1923 (28) Local Registrar J. E. F.When there is a stillbirth, the mother, etc., should make this report.
If a child is born dead, the mother, etc., should make this report.
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