

1. PLACE OF BIRTH

County of Greenwood

Township of _____

In Town of _____

City of Greenwood

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 239 Registered No. 1

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

2. FULL NAME OF CHILD Henry Wesley Shaw (If child is not yet named, make supplemental report as directed)3. Sex or Girl Boy 4. Twin, triplet, or other _____ 5. Date of birth Feb 11 - 1923 (Month, day, year)6. Full name Silas Ben Tillman Shaw FATHER 7. Full maiden name Sara Elizabeth Hickaby MOTHER8. Residence (usual place of abode) Greenwood S.C. 9. Residence (usual place of abode) Greenwood S.C. (If nonresident, give place and date)10. Color or race W 11. Age at last birthday 32 (Years) 12. Color or race White 13. Age at last birthday 28 (Years)14. Birthplace (city or place) South Carolina (State or country) 15. Birthplace (city or place) South Carolina (State or country)16. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. 17. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic

18. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 19. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

20. Date (month and year) last engaged in this work 21. Total time (years) spent in this work 22. Date (month and year) last engaged in this work 23. Total time (years) spent in this work

24. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead _____ (c) Stillborn _____

25. If stillborn, period of gestation _____ months _____ weeks 26. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 9:45 on the date above stated (Born alive or stillborn)(Signed) J. W. Harrison M. D. or _____ Midwife

When there was no attending physician or midwife, then the father, bookkeeper, etc., should make this return.

Given name added from a supplemental report _____

(Date of) L.A. Riser Address Greenwood S.C. Feb 5 - 1924 Wm. A. Middleton

Registrar