

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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CERTIFICATE OF BIRTH

County of Greenville

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of S. Lake Spring

File No.—For State Registrar Only

17705

Inc. Town of.....

Registration District No. 2204Registered No. 96

(For use of Local Registrar)

City of.....

(No. St. Ward)

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

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 11 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>L. M. Shaw</u>	(14) NAME BEFORE MARRIAGE <u>Elvie Leach</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>S. C.</u>	(18) OCCUPATION <u>Carpenter</u>	(16) BIRTHPLACE <u>S. C.</u>	(18) OCCUPATION <u>House Wife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 6:10 P.M. on the date above stated.
(Born alive or stillborn. (Hour, M. or P. M.))(23) (Signature) J. A. White M.D.
(24) State whether Physician or Midwife(25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 4-30 19 23 (28) J. A. White 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.

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