

Form No. 10. MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McGraw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lowburg</u>		STATE OF SOUTH CAROLINA.		87768	
Township of <u>King</u>		Bureau of Vital Statistics			
or Inc. Town of <u>King</u>		State Board of Health			
City of <u>King</u>		Registration District No. <u>4302</u>		Registered No. <u>106</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Isabella Shaw</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Nov 5 1914</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Jessie Shaw</u>			(14) NAME BEFORE MARRIAGE <u>Clemmie M. Gray</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Kingston</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Kingston</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(12) BIRTHPLACE <u>Lowburg</u>			(18) BIRTHPLACE <u>Lowburg</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housekeeper</u>		
(20) Number of children born to mother, including present birth { <u>1</u> }			(21) Number of children of this mother now living, including present birth { <u>1</u> }		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>8 A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>William T. Shaw</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Kingston</u>					
Given name added from a supplemental report			(26) Witness <u>Jessie Shaw</u> (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191.....			(27) Filed <u>Nov 15 1916</u>		
..... Registrar			(28) <u>T. B. Stuckson</u> 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.