

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Barnwell</u>		STATE OF SOUTH CAROLINA		88499	
Township of <u>Sylamore</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>512</u>		Registered No. <u>117</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Woodrow Jacquelin Shaw</u> } If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>\</u>	(5) Number in order of birth <u>\</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 13</u> 191 <u>6</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Lawrence W. Shaw</u>			(14) NAME BEFORE MARRIAGE <u>Polly Ann Boone</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Usher, S. C. #2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Usher, S. C. #2</u>		
(10) COLOR OR RACE <u>Cauc</u>	(11) AGE AT LAST BIRTHDAY <u>31</u>	(16) COLOR OR RACE <u>Cauc</u> (17) AGE AT LAST BIRTHDAY <u>27</u>			
(12) BIRTHPLACE <u>Barnwell Co.</u>		(18) BIRTHPLACE <u>Barnwell Co.</u>			
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Housekeeping</u>			
(20) Number of children born to mother, including present birth <u>Five</u>		(21) Number of children of this mother now living, including present birth <u>Four</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10 a.m.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Sallie Beard</u>					
(24) State whether Physician or Midwife <u>midwife</u> (25) Address of Physician or Midwife <u>Usher, S. C. #2</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
191...		(27) Filed <u>Nov. 23</u> 191 <u>6</u> (28) <u>J. C. Mayer</u> Local Registrar			
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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