

(1) PLACE OF BIRTH

County of HershawTownship of Hat Rockor
Inc. Town ofor
City of

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

(2) Full Name of Child Willie Shaw(3) BOY OR
GIRL? Boy(4) Twin
or Triplet? 1(5) Number in
order of birth(6) Are
Parents
Married? Yes(7) DATE OF BIRTH Oct. 18, 1916
(Name of Month) (Day) (Year)If child is not yet named, make
supplemental report as directed

FATHER.

(8) FULL
NAME Piney Shaw(9) PRESENT
POSTOFFICE
OF FATHER Hastville S.C.(10) COLOR
OR
RACE Colored(11) AGE AT LAST
BIRTHDAY 22
(Years)(12) BIRTHPLACE Hershaw Co.(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth 2MOTHER Donna
Eva Jones (dorm)(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER Hastville S.C.(16) COLOR
OR
RACE Colored(17) AGE AT LAST
BIRTHDAY 25
(Years)(18) BIRTHPLACE Hershaw Co.(19) OCCUPATION Housewife(21) Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:15 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Midwife Katie Harris(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hastville S.C.Given name added from a supplement
report

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Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 12/9 1916

(28)

W. B. Barfield
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.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.