

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
86219

(1) PLACE OF BIRTH
County of Kershaw
Township of Hat Rock
or
Inc. Town of Registration District No. 2702 Registered No. 1351
(For use of Local Registrar)
or
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 Millie Shaw } If child is not yet named, make supplemental report as directed

(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)

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

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. (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 Hestville S.C.

Given name added from a supplemental report
....., 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
H. W. Barfield
(27) Filed 12/9 1916 (28) H. W. 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 OTHERS, No. 2, etc., in question 5.