

Form No. 1

(1) PLACE OF BIRTH

County of Greenville
Township of Columbia
or
Inc. Town of Spartanburg
or
City of Spartanburg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
28481

Registration District No. 2200 Registered No. 120
(For use of Local Registrar)

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

(2) Full Name of Child Francis Patrick

If child is not yet named, make supplemental report as directed

3. ~~SON OR~~ GIRL? Boy 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Oct 27 1923
(Month) (Day) (Year)

FATHER			MOTHER		
8. FULL NAME <u>John P. Shaw</u>	10. NAME BEFORE MARRIAGE <u>May H. Shaw</u>		10. NAME BEFORE MARRIAGE <u>May H. Shaw</u>		
9. PRESENT POSTOFFICE OF FATHER <u>Spartanburg</u>	11. PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u>		11. PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u>		
10. COLOR OR RACE <u>W.</u>	11. AGE AT LAST BIRTHDAY <u>39</u> (Years)		10. COLOR OR RACE <u>W.</u>	11. AGE AT LAST BIRTHDAY <u>41</u> (Years)	
12. BIRTHPLACE <u>S.C.</u>			12. BIRTHPLACE <u>S.C.</u>		
13. OCCUPATION <u>Farming</u>			13. OCCUPATION <u>Housewife</u>		
14. Number of children born to mother, including present birth <u>10</u>			14. Number of children of this mother now living, including present birth <u>8</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature) M. C. Smith (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartanburg

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 30 1923 (28) P. L. Richardson 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.

R. R.—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 1

MacCam of Columbia, Columbia, S. C.