

(1) PLACE OF BIRTH

County of C AndersonTownship of Cover

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28778

Registration District No. 30.4Registered No. 88

(For use of Local Registrar)

(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 Leo Shaw

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth 2nd(6) Are Parents Married? no

(7) DATE OF BIRTH

Sept 1, 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Eula Mae Shaw(15) PRESENT POSTOFFICE OF MOTHER Low(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

(Years) 30(18) BIRTHPLACE C Anderson(19) OCCUPATION House & Farm(20) Number of children born to mother, including present birth 5(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lysda Messer(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Low

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 2, 1922(28) S. M. McAdams

Local Registrar.

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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.