

(1) PLACE OF BIRTH

County of Auderson
 Township of Willoughby
 or
 Inc. Town of Peter St
 or
 City of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Use
 199

Registration District No. 38 Registered No. 11
 (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 Melvin Shaw If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Type or Figure To be answered only in case of Twin or Triple (5) Number in order of birth 1st (6) Age 7 (7) DATE OF BIRTH Jan 20 1923
 (Month) (Day) (Year)

FATHER (13) FULL NAME James A. Shaw (14) NAME BEFORE MARRIAGE Edna Elhion

(15) PRESENT RESIDENCE OF FATHER Peter St (16) PRESENT RESIDENCE OF MOTHER Peter St

(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 42 (19) COLOR OR RACE White (20) AGE AT LAST BIRTHDAY 42

(21) BIRTHPLACE S.C. (22) BIRTHPLACE S.C.

(23) OCCUPATION Mil work (24) OCCUPATION Domestic

(25) Number of children born to mother, including present birth 3 (26) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(27) I hereby certify that I attended the birth of this child, who was Alive 6 P
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature) W. T. Thomas

(29) State whether Physician or Midwife (30) Address of Physician or Midwife Peter St

Given name added from a supplemental report

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

(32) State Jan 20 1923 (33) 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.

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