

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.

MCRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Williamsburg
Township of Laws
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

75126

Registration District No. 4305 Registered No. 72
(For use of Local Registrar)

(2) Full Name of Child

John Shaw

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

(3) BOY OR GIRL boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth 4

(6) Are Parents Married? yes

(7) DATE OF BIRTH Aug 6th 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jimmie Shaw

(9) PRESENT POSTOFFICE OF FATHER Salters Depot, S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE Williamsburg co., S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Laura Montgomery

(15) PRESENT POSTOFFICE OF MOTHER Salters Depot S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE Williamsburg co., S. C.

(19) OCCUPATION Farm laborer

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Leah x Driffin

(24) State whether midwife (25) Address of Physician or Midwife Salters Depot, S.C.

Given name added from a supplemental report
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..... 19

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 15th 1916 (28) Albert R. Moseley
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.