

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.
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Rushaw
 Township of Calkah
 or
 Inc. Town of Hampton Mill
 or
 City of _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only
64923

Registration District No. _____ Registered No. 124
 (For use of Local Registrar)
 (No. _____ St.; _____ Ward)

(2) Full Name of Child John Daniel 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 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June, 28 1916
To be reported only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John D. Shaw

(9) PRESENT POSTOFFICE OF FATHER Candler, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Rushaw Co. S.C.

(13) OCCUPATION Crosser Cotton Mill

(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie E. Bradley

(15) PRESENT POSTOFFICE OF MOTHER Candler, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Rushaw Co. S.C.

(19) OCCUPATION Domestic

(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 5-30 P. M., on the date above stated. (Born Alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife _____

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Filed June 29, 1916 (28) W. Gibson 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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