

(1) PLACE OF BIRTH

County of *Wm Burg*Township of *Noxet*

or

Inc. Town of

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

9433

Registration District No. *4301*Registered No. *31*

(For use of Local Registrar)

(2) Full Name of Child *Archer Shaw*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or triplet?

(5) Number in birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Mar 20 1920*

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Samuel Shaw

(9) PRESENT POSTOFFICE OF FATHER

Kingstree S. C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Flossie Fulbright

(15) PRESENT POSTOFFICE OF MOTHER

Kingstree S. C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

28 (Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housewife

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

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Anna M. Riddle

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Kingstree S. C.*

(26) Witness

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

(27) File

Mar 20 1920

(28)

J. A. Blackwell

Local Registrar

Given name added from a supplemental report

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.

Registrar

LOCAL REGISTRAR

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