(1) PLACE OF BIRTH

County of Newhaw

Township of Buffalo

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
30813

Registration District No. 700 Registered No. 90
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Hannah Shaw { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? | (4) Twin or Triplet? | (5) Number in order of birth 0 | (6) Are Parents Married Yes | (7) DATE OF BIRTH July 7, 3, 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Pinkney Shaw	(14) NAME BEFORE MARRIAGE	Eva Dowe
(9) PRESENT POSTOFFICE OF FATHER	Bethune	(15) PRESENT POSTOFFICE OF MOTHER	Bethune SC
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	38	(17) AGE AT LAST BIRTHDAY (Years)	28
(12) BIRTHPLACE	Carters Crossing	(18) BIRTHPLACE	Lee County
(13) OCCUPATION	Farmer	(19) OCCUPATION	Farmer
(20) Number of children born to mother, including present birth	4	(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 alive at 5 a.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Janet Jackson, Bethune SC

(24) State whether Physician or Midwife: Mrs B Laffter

(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 mark)

(27) Filed SEP 1922 ..... 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.