

(1) PLACE OF BIRTH

County of WinchesterTownship of Kingstreeor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4302

File No.—For State Registrar Only

19451

Registered No. 32
(For use of Local Registrar)

(No. St. Ward)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Lester Shaw If child is not yet named, make supplemental report as directed(3) SEX OR ONLY Boy (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 30, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frederick Shaw(9) PRESENT POSTOFFICE OF FATHER Kingstree(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Winchester(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Viola McBride(15) PRESENT POSTOFFICE OF MOTHER Kingstree(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Winchester(19) OCCUPATION Housekeeper(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Shaw at 6 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah X Shaw(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Kingstree

Given name added from a supplemental report

(26) Witness Shaw

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 3, 1922(28) Bob Rankin 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.