

(1) PLACE OF BIRTH
County of York
Township of Kingstree
or
Inc. Town of

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

File No.—For State Registrar Only
19451

Registration District No. 4302 Registered No. 32
(For use of Local Registrar)

City of (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 Lucas 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 (6) Are Parents Married? yes (7) DATE OF BIRTH June 30, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wmison Shaw
(9) PRESENT POSTOFFICE OF FATHER Kingstree
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(Year) (12) BIRTHPLACE York
(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
(Year) (18) BIRTHPLACE York
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) 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.)

(22) (Signature) Sarah X Shaw (23) Address of Physician or Midwife
(24) State whether Physician or Midwife Midwife Kingstree

Give name added from a supplemental report
.....
.....
.....
19...
Registrar

(25) Witness S. Shaw (Signature of Witness necessary only when question 21 is signed by mark)
(26) Filed July 3, 1922 (27) B. B. Lankster 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.