

(1) PLACE OF BIRTH

County of Piedmont

Township of _____

Inc. Town of _____

City of Lasky St.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2247

Registration District No. 37-1 Registered No. 9
(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 for Edward Shaw Jr. If child is not yet named, make supplemental report as directed1. SEX OR GUILD boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) Date of Birth Jan 16 1922
To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

2. FULL NAME for Edward Shaw3. PRESENT POSTOFFICE OF FATHER Lasky St.4. COLOR OR RACE white 5. AGE AT LAST BIRTHDAY 53 (Years)6. BIRTHPLACE Washington D.C.7. OCCUPATION mill hand8. Number of children born to mother, including present birth 12

MOTHER.

14. NAME BEFORE MARRIAGE Miss Kathryn Sutton15. PRESENT POSTOFFICE OF MOTHER Lasky St.16. COLOR OR RACE white AGE AT LAST BIRTHDAY 26 (Years)18. BIRTHPLACE North Carolina19. OCCUPATION House wife20. Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was aw at 11:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(22) (Signature) Wm. J. Jerns(23) State whether Physician or Midwife (24) Address of Physician or Midwife Lasky St.

Given name added from a supplemental report:

(25) Witness: _____ (Signature of Witness necessary only when question 23 is signed "mark")

(26) Filed Feb. 6 1922 (27) W. J. Jerns 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.

Supplementary report:

(Date of)

Address 1122Filed Aug. 26 1942 M. B. Woodward, M.D.

Registrar

Registrar