

(1) PLACE OF BIRTH
County of Wayne
Township of 21st
or
Inc. Town of.....
or
City of.....

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

REGISTRATION DISTRICT NO. 1301
REGISTERED NO. 13
(For use of Local Registrar)

(2) Full Name of Child Maggie Reid Shaw (If child is not yet named, state name to be given)

(3) SEX <u>Female</u>	(4) AGE <u>7</u> years	(5) DATE OF BIRTH <u>Feb 22</u>
(6) PLACE OF BIRTH <u>Wayne S.C.</u>		
(7) OCCUPATION <u>Farmer</u>		
(8) NUMBER OF CHILDREN BORN TO MOTHER <u>13</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.
(23) (Signature) Ann M. Galt
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Wayne S.C.

Given name added from a suggestion-
and report
(26) Witness (Signature of Witness necessary only when question 25 is signed by midwife)
(27) Date Feb 13 22

When there was no attending physician or midwife, then the father, mother, or other person, if a child breathes even once, it must not be reported as born until it has been examined by a physician or midwife.