

(1) PLACE OF BIRTH

County of FlorenceTownship of Back River

Inc. Town of

City of

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

(2) Full Name of Child

Marion Louise Shaw

(3) SEX OF CHILD

Female

(4) Twin or Triplet

To be reported only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Sept. 17, 1923

(Range of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Frank F. Shaw

(9) PRESENT POSTOFFICE OF FATHER

Florence, S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

35

(Year)

(12) BIRTHPLACE

Monrovia, S.C.

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Wingate

(15) PRESENT POSTOFFICE OF MOTHER

Florence, S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

30

(Year)

(18) BIRTHPLACE

Warren, S.C.

(19) OCCUPATION

Laborer

(20) Number of children born to mother, including present birth

1-3

(21) Number of children of this mother now living, including present birth

1-3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, Alive, on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

Marshall A. Shaw

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Florence

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct. 9, 1923

(28)

W. N. Bassett

(Local Registrar)

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is needed of children before the fifth month of pregnancy.