

FORM NO. 2

(1) PLACE OF BIRTH
 County of Sumner
 Township of King
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only

87776

Registration District No. 1302 Registered No. 1101
 (For use of Local Registrar)

(2) Full Name of Child Annix Shaw { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE BIRTH Nov 30 1916
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Sam Shaw
 (9) PRESENT POSTOFFICE OF FATHER Kingston
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Sumner
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth { 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Mattie Epps
 (15) PRESENT POSTOFFICE OF MOTHER Kingston
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Sumner
 (19) OCCUPATION Housekeeper
 (21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa Wilson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingston

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness Sam Shaw
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 16 1916 (28) R. B. Jackson 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

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