

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.

McGraw, of Columbia

FORM NO. 2

(1) PLACE OF BIRTH
County of Sumter
Township of King
or
Inc. Town of
or
City of

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. 1111
(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 Annix Shaw { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (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 Sumter

(13) OCCUPATION Farm

(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 Sumter

(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 (25) Address of Physician or Midwife Midwife Kingston

Given name added from a supplemental report

(26) Witness Sam Shaw (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 9 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.