

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. THIS OFFICE, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of York
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
66574

Registration District No. 4322 Registered No. 12
(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 Adrian 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 23 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edgar Shaw

(9) PRESENT POSTOFFICE OF FATHER Kingston

(10) COLOR OR RACE W. G. 20 (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE York

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Edith Scott

(15) PRESENT POSTOFFICE OF MOTHER Kingston

(16) COLOR OR RACE W. G. 20 (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE York

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Verlona F. S. Shaw

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Kingston

Given name added from a supplemental report

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

(27) Filed July 1 1916 (28) S. D. S. Shaw
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.

Fifth month of pregnancy.