

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.

Form No. 3

(1) PLACE OF BIRTH  
 County of Richmond  
 Township of Wappah  
 or  
 Inc. Town of +  
 or  
 City of +  
 (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  
**77681**

Registration District No. 2700 Registered No. 98  
 (For use of Local Registrar)  
 (No. + St.; + Ward)  
 (2) Full Name of Child John Ross Shaw { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Aug 1 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER			MOTHER	
(8) FULL NAME <u>W. A. Shaw</u>			(14) NAME BEFORE MARRIAGE <u>Vivian Williams</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Richmond, Va.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Richmond, Va.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Richfield, Va.</u>			(18) BIRTHPLACE <u>Northumberland</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P. M.,  
 (Born alive or stillborn) (Hour, M. or P. M.)  
 on the date above stated.

(23) (Signature) J. D. McCallister  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richmond, Va.

Given name added from a supplemental report

(26) Witness John A. McCallister  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 9 1916 (28) J. A. McCallister 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.