

FORM NO. 2

(1) PLACE OF BIRTH  
 County of Greenville  
 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  
 87772

Registration District No. 11302 Registered No. 111  
 (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 Daisy 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. 22 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Doctor Shaw

(9) PRESENT POSTOFFICE OF FATHER Kingstree

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 48 (Years)

(12) BIRTHPLACE Greenville

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Susan McClary

(15) PRESENT POSTOFFICE OF MOTHER Kingstree

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Greenville

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 6:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Vertina Shaw

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

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filled Dec 2 1916 (28) B. S. 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.

McGraw, of Columbia.