

1. PLACE OF BIRTH

County of Berkeley Co
 Township of St James
 or
 Inc. Town Jamstown, W. Va.
 or
 City of Jamstown, W. Va.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

44414

Registration District No. 704 Registered No. 33

(For use of Local Registrar)

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

Louis Shaw

(If child is not yet named, make supplemental report as directed.)

3. ~~Gender~~
GIRL

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? yes

7. DATE OF BIRTH

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME

Charley Shaw

9. PRESENT POSTOFFICE OF FATHER

Jamstown, W. Va.

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

30 (Years)

12. BIRTHPLACE

Berkeley Co

13. OCCUPATION

Farmer

20. Number of children born to mother, including present birth

1 2

MOTHER

14. NAME BEFORE MARRIAGE

Maudie Poston

15. PRESENT POSTOFFICE OF MOTHER

Jamstown, W. Va.

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

20 (Years)

18. BIRTHPLACE

Berkeley Co

19. OCCUPATION

house wife

21. Number of children of this mother now living, including present birth

1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was Born alive at 2.2 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

Lizzie White

24. State whether Physician or Midwife

Midwife

Given name added from a supplemental report

25. Witness

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

27. Filed

10/61924

28.

E. F. Gentry

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.

LAST SPACE RESERVED FOR