

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2592

(1) PLACE OF BIRTH

County of Abbeville

Township of

or
Inc. Town ofor
City of Abbeville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1 A Registered No. 12
(For use of Local Registrar)

(2) Full Name of Child

Mary Frances Schuster If child is not yet named, make supplemental report as directed

| | | | | |
|-----------------------------|--|------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet To be answered only in event of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Feb 2 1928</u> (Name of Month) (Day) (Year) |
|-----------------------------|--|------------------------------|-------------------------------------|---|

FATHER.

(8) FULL NAME Jessie Lucien Schuster

(9) PRESENT RESIDENCE OF FATHER Abbeville S C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE Abbeville Co

(13) OCCUPATION R R Mechanic

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

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Ida Black

(15) PRESENT RESIDENCE OF MOTHER Abbeville S C

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE Abbeville Co

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive 2:25 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. F. Schuster

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Physician Abbeville S C

Given name added from a supplemental report

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

(26) Filed Feb 8 1928 (27) Mrs. John McAllister
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 1.