

(1) PLACE OF BIRTH

County of WayTownship of Clats

or

Inc. Town of 1

or

City of (No.)

(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

19048

Registration District No. 2508Registered No. 56

(For use of Local Registrar)

(2) Full Name of Child Estelle Shuck

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH June 8, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernest G. Shuck(9) PRESENT POSTOFFICE OF FATHER W. Chas. S.C. #3(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Army Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lutie Small(15) PRESENT POSTOFFICE OF MOTHER W. Chas. S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 26

(Years)

(18) BIRTHPLACE Army Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:05 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ad. Lewis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Labor R.C. #2

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10, 1922(28) S.E. Williamson

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.

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