

PLACE OF BIRTH

County of Charleston
Township of Edisto Isd

Inc. Town of or
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. Robert Shue { If child is not yet named, make supplemental report as directed

1) SEX OR Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Aug 23 1926
(Name of Month) (Day) (Year)

FATHER.
1) FULL NAME Dick

2) PRESENT POSTOFFICE OF FATHER

3) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 2 (Years)

4) BIRTHPLACE

5) OCCUPATION

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

MOTHER.
(14) NAME BEFORE MARRIAGE Kessie Shue

(15) PRESENT POSTOFFICE OF MOTHER Edisto Isd.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Char Co

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Blair (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edisto Isd

Give name added from a supplemental report

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

(27) Filed Aug 28 1926 (28) John 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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File No.—For State Registrar Only
71800