

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Orangeburg</u>		STATE OF SOUTH CAROLINA		86924	
Township of <u>Estata</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>8606</u>		Registered No. <u>855</u>	
or				(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 <u>Edward W. Shugler</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? —	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 21 1916</u>	
				(Name of Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME <u>Clarence Shugler</u>	(14) NAME BEFORE MARRIAGE <u>Beetha Ward</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Estataville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Estataville</u>				
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Orangeburg Co</u>	(18) BIRTHPLACE <u>Berkley Co</u>				
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer &amp; hand</u>				
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>6a</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Susan Johnson</u>					
(24) State whether, Physician or Midwife <u>midwife</u> (25) Address of Physician or Midwife <u>Estataville</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
.....		(27) Filed <u>11/11/16</u> (28) <u>B. P. Winter</u> Local Registrar			
..... 19 .....					
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.					