

(1) PLACE OF BIRTH

County of CharlestonTownship of St. PhilipInc. Town of St. PhilipCity of St. Philip(2) Full Name of Child Robert O. Shurcl

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

3287

Registration District No. 909 Registered No. 27
(For use of Local Registrar)(No. 1 of 1 Ward)
City of St. Philip (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 17 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Wm. Whitten Shurcl</u>			(14) NAME BEFORE MARRIAGE <u>Margaret Lurana Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>R.D. Route 2</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>St. Philip, S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>1</u> (Years)		
(13) OCCUPATION <u>Machine</u>		(18) BIRTHPLACE <u>St. Philip, S.C.</u>		
(19) OCCUPATION <u>Housework</u>		(20) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at St. Philip, S.C. on the date above stated. (Born alive or stillborn) (Month, A. M. or P. M.)(23) (Signature) Wm. Whitten Shurcl (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife St. Philip, S.C.

Given name added from a supplemental report

(26) Witness Wm. Whitten Shurcl (Signature of Witness necessary only when question 22 is signed by mother)(27) Filed Feb 26 1923 (28) Wm. Whitten Shurcl 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.

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.