

(1) PLACE OF BIRTH

County of Charleston

Township of

In Town of

City of Charleston

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

(2) Full Name of Child Joseph Raymond Shucklock Jr.

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

(3) SEX Boy (4) Twin or triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 1 1928
 (Name of Month) (Day) (Year)

(8) FULL NAME Joseph Raymond Shucklock Jr.
 (9) PRESENT POSTOFFICE OF FATHER 47 Montague St. Charleston S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Savannah Ga(13) OCCUPATION Prop Jet White Laundry(14) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE Dellie Chana Mc Newlin

(15) PRESENT POSTOFFICE OF MOTHER 47 Montague St Charleston S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Sullivan's Island S.C.(19) OCCUPATION Wife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was ALIVE at the time of birth, on the date above stated. (Hour A. M. or P. M.) 6:30 A. M.(22) (Signature) Dr. J. C. Wilson(23) State whether Physician or Midwife (24) Address of Physician or Midwife Physician 277 Calumet St

Given name added from a supplemental report

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Registrar

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

(26) Filed 9/14 1928 J. M. L. L. L. 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.