

Form No. 1

(1) PLACE OF BIRTH

County of Permanville
 Township of Blackville
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
3167

Registration District No. 5-2-4 Registered No. 7
 (For use of Local Registrar)

(No. St. Ward)
 hours in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child E. G. Shuster (If child is not yet named, make supplemental report as directed)

1 BOY OR GIRL

4 Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan. 8, 22
 (Name of Month) (Day) (Year)

FATHER.

10 FULL NAME

11 PRESENT POSTOFFICE OF FATHER

12 COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

13 BIRTHPLACE

14 OCCUPATION

20 Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 3 A. M.,
 on the date above stated: (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emeline Bradley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report:

(26) Witness

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

(27) Filed

Feb. 10, 1922

(28)

Chas. H. Hammond
 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.

REASON REQUESTED FOR ISSUING
 THIS CERTIFICATE IS—THIS IS A CHILD BORN IN A
 HOSPITAL OR OTHER INSTITUTION AND FOR EACH CHILD AND MARK THE
 REASON IN ONE OF THE FOLLOWING BOXES—SEE INSTRUCTIONS
 IN THE OTHER SIDE OF THIS FORM

REGISTERED
 1922