

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of Beaufortor
Inc. Town of Beaufortor
City of Beaufort

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18287

Registration District No. 1409Registered No. 138

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

Robert Shadell H. H.

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

3 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>June 27, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8 FULL NAME Robert Shadell H. H.9 PRESENT POSTOFFICE OF FATHER 1700 3210 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)12 BIRTHPLACE Beaufort13 OCCUPATION Teacher20 Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Genieve Virginia(15) PRESENT POSTOFFICE OF MOTHER 1700 32(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 13 (Years)(18) BIRTHPLACE Beaufort(19) OCCUPATION Teacher(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Robert Shadell H. H.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 1700 32

Given name added from a supplemental report

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

(27) Filed July 10, 1922 (28) Robert Shadell H. H. 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.

THIS IS A PERMANENT RECORD. 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., 'L' question 5.