

(1) PLACE OF BIRTH

County of *Anderson*  
Township of *Williamston*  
or  
Loc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar

*48451*

Registration District No. *3-C*

Registered No. *1187*  
(For use of Local Registrar)

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

(2) Full Name of Child *Berry Rutledge*

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

3) BOY OR GIRL *Boy* 4) Twin or Triplet To be answered only in event of Twins or Triplets 5) Number in order of birth 6) Are Parents Married *yes* 7) DATE OF BIRTH *Dec. 28 1924*  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME *More Rutledge*

9) PRESENT POSTOFFICE OF FATHER *Williamston, S.C.*

10) COLOR OR RACE *col* 11) AGE AT LAST BIRTHDAY *70*  
(Year)

12) BIRTHPLACE *Williamston, S.C.*

13) OCCUPATION *farmer*

20) Number of children born to mother, including present birth *one*

MOTHER.

14) NAME BEFORE MARRIAGE *Ada Chapman*

15) PRESENT POSTOFFICE OF MOTHER *Williamston, S.C.*

16) COLOR OR RACE *col* 17) AGE AT LAST BIRTHDAY *18*  
(Year)

18) BIRTHPLACE *Williamston, S.C.*

19) OCCUPATION *housewife*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *2 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Al Peyton* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Williamston, S.C.*

Given name added from a supplemental report

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

(27) Filed *1-9-1924* (28) *William Russell* 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.

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