

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Williamston  
 or  
 Inc. 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-CRegistered 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 No 5) Number in order of birth 1 6) Are Parents Married yes 7) DATE OF BIRTH Dec. 28, 1924  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Mose Rutledge  
 9) PRESENT POSTOFFICE OF FATHER Williamston, S.C.  
 10) COLOR OR RACE Col 11) AGE AT LAST BIRTHDAY 20  
 (Years)  
 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  
 (Years)  
 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 Guyton (24) State whether Physician or Midwife Physician (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 1-9-1925 (28) Lillian 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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