

(1) PLACE OF BIRTH

County of Fairfield
 Township of W. 9
 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 Only

4068

Registration District No. 1908 Registered No. 5
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Robert Ruff Boyd {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth 3 (6) Are Parents Married? no (7) DATE OF BIRTH Feb 5 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Ruff
 (9) PRESENT POSTOFFICE OF FATHER Winnabow SS
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Fairfield Co SS
 (13) OCCUPATION Farm laborer
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Boyd
 (15) PRESENT POSTOFFICE OF MOTHER Winnabow SS
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Fairfield Co SS
 (19) OCCUPATION Farm laborer
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lucy Ellison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Winnabow SS

Given name added from a supplemental report

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

(27) Filed Feb 13 1922 (28) Dr. Ruff 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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