

FORM NO. 6 MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. R.B.—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., in question 3. McGraw, of Columbia.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Greenwood
 Township of Walnut Grove
 Inc. Town of Ware Shoals
 City of _____ (No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
77433

Registered No. 69
 (For use of Local Registrar)

Registration District No. 23/4

(2) Full Name of Child Rudell Putman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</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>Sept. 18, 1916</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.		MOTHER.	
(8) FULL NAME <u>Jerome Putman</u>		(14) NAME BEFORE MARRIAGE <u>Mamie Lou Burnett</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Ware Shoals, SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Ware Shoals, SC</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Lawrence, Co. SC</u>		(18) BIRTHPLACE <u>Greenwood Co. SC</u>	
(13) OCCUPATION <u>Cotton mill</u>		(19) OCCUPATION <u>housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. C. Maby
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ware Shoals, SC

Given name added from a supplemental report _____, 191...
 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____
 (27) Filed Oct 9 1916 (28) J. C. Maby 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.

 Registrar

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