

(1) PLACE OF BIRTH

County of Putnam
 Township of Putnam
 or
 Inc. Town of Putnam
 or
 City of Putnam

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

File No. - For State Registrar Only
30148

Registration District No. 7009 Registered No. 109
 (For use of Local Registrar)

St. 1 Ward 1
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL 2 (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parent Married Yes (7) DATE OF BIRTH Sept 15 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Boyd McElrath
 (9) PRESENT POSTOFFICE OF FATHER Putnam
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 39
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (14) NAME BEFORE MARRIAGE Ellen Timmer
 (15) PRESENT POSTOFFICE OF MOTHER Putnam
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 6
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) E. M. McElrath
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Putnam

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 31 1923 (28) 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.