

Form No. 3

(1) PLACE OF BIRTH

County of Spartanburg

Township of

Inc. Town of Clinton

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1906

File No.—For State Registrar Only

40132

Registered No. 82
(For use of Local Registrar)

Ward

(2) Full Name of Child

John Douglas Ruff

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 14</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME D. N. Ruff Jr(9) PRESENT POSTOFFICE OF FATHER Ridgeway, S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE S. C.(13) OCCUPATION Bookkeeper(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Callie Dixon Jones(15) PRESENT POSTOFFICE OF MOTHER Ridgeway, S. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
(Year)(18) BIRTHPLACE S. C.

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) B. J. Plam(23) State whether Physician or Midwife (24) Address of Physician or Midwife Ridgeway, S. C.

Given name added from a supplemental report

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

(26) Filed (27) (28) (29) (30)

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.

N. 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 5.

Revised by Columbia, Columbia, S. C.