

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

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

File No.—For State Registrar Only

30535

Registration District No. 2209B Registered No. 318

(For use of Local Registrar)

No. 18, 5th Avenue St. Ward

(2) Full Name of Child

Kora Kawada Rucker

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

(3) SEX OR
REL

Girl

(4) Twin
or triplex

X

(5) Number in
order of birth

X

(6) Are
Parents
Married?

Yes

(7) DATE
BIRTH

Sept

4

1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

James William Rucker

(9) PRESENT
POSTOFFICE
OF FATHER

Greenville, S.C.

(10) COLOR
OR
RACE

White

(11) AGE AT LAST
BIRTHDAY

20

(Years)

(12) BIRTHPLACE

Thomas Creek Va

(13) OCCUPATION

Textile

(14) Number of children born to
mother, including present birth

One (1)

MOTHER.

(14) NAME BEFORE
MARRIAGE

Channie Thayer

(15) PRESENT
POSTOFFICE
OF MOTHER

Greenville, S.C.

(16) COLOR
OR
RACE

White

(17) AGE AT LAST
BIRTHDAY

21

(Years)

(18) BIRTHPLACE

New Port Tennessee

(19) OCCUPATION

Housewife

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

One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child who was born alive or stillborn on the date above stated.

(22) (Signature)

J. B. Ledbetter

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Physician Greenville

Given name added from a supplement-
tal report

191

Registrar

(25) Witness

(Signature of Witness necessary only
when Question 21 is signed by mark)

(26) Date

Sept

4

1922

(27) Local Registrar

J. B. Ledbetter

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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