

(1) PLACE OF BIRTH

County of Sumter

Township of Sumter

or Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87657

Registration District No. 4-108 Registered No. 168

(For use of Local Registrar)

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

(2) Full Name of Child Ruby Madrina Ladd

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 2, 1919
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Ladd

(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE Sumter Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Emma Cantey

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE Sumter Co.

(19) OCCUPATION Housewife

(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 alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) George Ladd, Registrar

(24) State whether Physician or Midwife Father (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

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

(27) Filed Nov. 4, 1919 (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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

McCRAW OF COLUMBIA, COLUMBIA, S. C.

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