

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Orangeburg  
 Township of Union  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

Registration District No. 3616

File No.—For State Registrar Only  
2226

Registered No. 2  
 (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 Brancelle Rudarvis (If child is not yet named, make supplemental report as directed)

(3) SOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 13 1922  
 To be answered only in case of Twins or Triplets (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

**FATHER**  
 (8) FULL NAME Leaney Rudarvis  
 (9) PRESENT POSTOFFICE OF FATHER Cope SC R7D  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20 (Year)  
 (12) BIRTHPLACE Orangeburg Co  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth One

**MOTHER**  
 (14) NAME BEFORE MARRIAGE Ella Jennings  
 (15) PRESENT POSTOFFICE OF MOTHER Cope SC R7D  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Year)  
 (18) BIRTHPLACE Orangeburg Co  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth One

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Alvin St. 9 A. M. on the date above stated. (Born alive & full term) (Hour A. M. or P. M.)

(23) (Signature) Elbert Matthews  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cope SC R7D  
 Gives name added from a supplemental report  
 (26) Witness R. K. Hemery  
 (Signature of Witness necessary only when question 23 is signed by parent)  
 (27) Filed Jan 21 1922 (28) R. K. Hemery 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.