

(1) PLACE OF BIRTH

County of Desha
 Township of Critter
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only
21990

Registration District No. 3500

Registered No. 101
 (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

Rubie Thann

(a) SEX OR CHILD boy (b) Twin or Triplet No (c) Number in order of birth 1 (d) Age at birth yes (e) DATE OF BIRTH 4/29/23

(1) FULL NAME W. Bart Mc Carley
 (2) PRESENT POSTOFFICE OF FATHER Fort Playle
 (3) COLOR OR RACE white (4) AGE AT LAST BIRTHDAY 40
 (5) BIRTHPLACE Georgia
 (6) OCCUPATION farmer
 (7) Number of children born to mother, including present birth 6

(8) NAME BEFORE MARRIAGE Victory
 (9) PRESENT POSTOFFICE OF MOTHER Fort Playle
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33
 (12) BIRTHPLACE Georgia
 (13) OCCUPATION House
 (14) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was white at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (16) (Signature) W. C. Mays
 (17) State whether Physician or Midwife (18) Address of Physician or Midwife

Given name added from a supplemental report

(19) Witness (Signature of Witness necessary only when question 15 is signed "yes")
 (20) Date May 17, 1923 (21) A. P. Martin 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.