

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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of AlbemarleTownship of Luftor
Inc. Town ofor
City of

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

(2) Full Name of Child Ruby Renner(3) BOY OR GIRL? g

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? 7

(7) DATE OF

BIRTH Nov 18 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

H Renner

(9) PRESENT POSTOFFICE OF FATHER

Granville St

(10) COLOR OR RACE

w

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

Albemarle

(13) OCCUPATION

mill operator

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Edna Watson

(15) PRESENT POSTOFFICE OF MOTHER

Granville St

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

38
(Years)

(18) BIRTHPLACE

Edgewood
Hon. Reg

(19) OCCUPATION

Textile

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alb. at 6 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

S A Menace

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianGranville St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 24 1922 W. H. Turnbull, R.S., J.S.
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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40589

Registration District No. 2074Registered No. 87
(For use of Local Registrar)

(No. St.; Ward)