

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

OR

Inc. Town of .....

OR

City of Greenville, S. C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

18707

Registration District No. 22A..... Registered No. 227.....  
(For use of Local Registrar)(No. 221 Hudson St., ..... St.; ..... Ward)

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

(2) Full Name of Child Rufus Strong

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

|                             |                                |                                       |                                     |  |
|-----------------------------|--------------------------------|---------------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>2</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>June 5th, 22</u><br>(Name of Month; (Day) (Year)) |
|-----------------------------|--------------------------------|---------------------------------------|-------------------------------------|--|

## FATHER.

(8) FULL NAME Aron Strong(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21  
(Years)(12) BIRTHPLACE Greenville, S. C.(13) OCCUPATION Labor(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary E. Watt(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19  
(Years)(18) BIRTHPLACE Abbeville, S. C.(19) OCCUPATION Maid(21) Number of children of this mother now living, including present birth None

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive ..... at 5 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Jones(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 211 E. Washington St.

Given name added from a supplemental report

(26) Witness Jessie Williams  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed June 7, 1922 (28) C. B. Smith  
Local Registrar

\*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child is born dead, it should be reported as stillborn. No report is desired of stillbirths.