

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
Township of Providence

CERTIFICATE OF BIRTH

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

File No. — For State Register Only
74286

Reg. Town of Registration District No. 2614 Registered No. 347
(For use of Local Registrar)
City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Ruby Pendragon If child is not yet named, make supplemental report as directed

SEX OR CHILD Girl (2) Twin or Triplet? (3) Number in order of birth (4) Are Parents Married? (5) DATE OF BIRTH Aug 11 1926
(Name of Month) (Day) (Year)

FATHER
Full Name Brooke Pendragon
Present Postoffice of Father Palmer, S.C.
Color Colored (6) AGE AT LAST BIRTHDAY 25 (Years)
Birthplace Orangeburg County
Occupation Farmer
Number of children born to mother, including present birth Four

MOTHER
(10) NAME BEFORE MARRIAGE Catherine Hutchins
(11) PRESENT POSTOFFICE OF MOTHER Palmer, S.C.
(12) COLOR OR RACE Colored (13) AGE AT LAST BIRTHDAY 26 (Years)
(14) BIRTHPLACE Orangeburg County
(15) OCCUPATION Housewife
(16) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Dance, S.C.

When same added from a supplemental report
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
(27) File Aug 11, 1926 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathed even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.