

(1) PLACE OF BIRTH 7-19-23

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

55th—For State Registrar Use

3838C

County of Anderson

Township of

or
Inc. Town of

City of

Registration District No. 3A

Registered No. 487
(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 Mary Ruth Suggs If child is not yet named, make supplemental report as directed

(3) SEX girl (4) Type or Trade To be answered only in event of Trade or Tricycle (5) Are Parents Married yes (6) DATE OF BIRTH July 9 1923
(Month of Birth) (Day) (Year)

FATHER.
(7) FULL NAME Horat D. Suggs
(8) PRESENT POSTOFFICE OF FATHER Anderson S.C.
(9) COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 31 (Year)
(11) BIRTHPLACE Dream Ga.
(12) OCCUPATION Dentist
(13) Number of children born to mother, including present birth 1 son

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Ruth Walker
(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Year)
(18) BIRTHPLACE Anderson S.C.
(19) OCCUPATION House wife
(20) Number of children of this mother now living, including present birth 1 son

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

(22) (Signature) J. S. Gray
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Anderson

Give name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark) I. B. CRAY

(26) Filed 19 (27) ANDERSON, S.C.

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.

(Date of)

Address Route 2, Anderson, S.C.
Filed AUG. 20 19 23