

MARGIN RESERVED FOR BINDING.

WRITES PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 1. 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 1.

(1) PLACE OF BIRTH
 County of Laurens
 Township of

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

File No.—for State Register Only
4126

Inc. Town of Laurens Registration District No. 299 Registered No. 113
 City of Laurens (For use of Local Registrar)
 (No. of birth hours in a hospital or other institution, give name of same instead of street and number.)
556 Conway Ave St. 3 Ward 3

(2) Full Name of Child Ruby Grace Tolison If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) TIME OF BIRTH <u>11:00 AM</u>	(5) PLACE OF BIRTH <u>Laurens, SC</u>	(6) DATE OF BIRTH <u>Dec 9 28</u> (Name of Month) (Day) (Year)
(7) FULL NAME OF FATHER <u>Andy H. Tolison</u>		(8) FULL NAME OF MOTHER <u>Melbeth Tinsley</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Laurens, SC</u>		(10) PRESENT POSTOFFICE OF MOTHER <u>Laurens, SC</u>	
(11) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(13) COLOR OR RACE <u>White</u>	(14) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(15) BIRTHPLACE <u>SC</u>		(16) BIRTHPLACE <u>SC</u>	
(17) OCCUPATION <u>Textile</u>		(18) OCCUPATION <u>Domestic</u>	
(19) Number of children born to mother, including present birth <u>1</u>		(20) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child who was born on the date above stated.

(22) (Signature) J. M. Lawrence

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed 12/18/28 (27) 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.

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