

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71316

(1) PLACE OF BIRTH

County of AndersonTownship of Sanannahor
Inc. Town ofor
City of

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

Registration District No. 311Registered No. 64

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Ruth Brock

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twins or Triplets? <u>twins</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Age Parents Married? <u>2</u>	(7) DATE OF BIRTH <u>Aug 29</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Abner Brock</u>	(14) NAME BEFORE MARRIAGE <u>Eliza Wickey</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Starr SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Starr SC</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Anderson Co SC</u>	(18) BIRTHPLACE <u>Hart Co Ga</u>			
(13) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>housekeeper</u>			
(20) Number of children born to mother, including present birth <u>six</u>	(21) Number of children of this mother now living, including present birth <u>six</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. S. Feasley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Hartwell Ga

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Sept 16 191... (28) J. A. Jones 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.

report made by father of childMARGIN 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.