

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75938

(1) PLACE OF BIRTH

County of BalthasarTownship of Sandy Runor
Inc. Town of
orRegistration District No. 804Registered No. 33
(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.)(2) Full Name of Child Virgle David Fox Rucker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>5</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 26, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Harrie Rucker(9) PRESENT POSTOFFICE OF FATHER Sandy Run(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE Lexington(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mammie Korman(15) PRESENT POSTOFFICE OF MOTHER Sandy Run(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE Lexington(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:10 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. E. Bellinger(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gaston

Given name added from a supplemental report

(26) Witness B. E. Bellinger
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 29, 1916 (28) J. S. Bellinger
Registrar 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.

MARGIN 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.

3Caw. of Columbia.