

(1) PLACE OF BIRTH

City of Newberry

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3137 1/2

County of .....

In Town of .....

City of NewberryRegistration District No. 34-4Registered No. 139  
(For use of Local Registrar)(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 Garnie Ruff { If child is not yet named, make supplemental report as directed(4) Twin or single? Not  
(5) Number in order of birth 1  
To be answered only in case of twin or triplets(6) Are Parents Married? No(7) DATE OF BIRTH Sept 19 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) NAME BEFORE MARRIAGE Refused to tell

(9) PRESENT POSTOFFICE OF FATHER .....

(10) AGE AT LAST BIRTHDAY 15 (Years)

(11) BIRTHPLACE .....

(12) OCCUPATION .....

(13) Number of children born to father including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Garnie Ruff(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 15 (Years)(18) BIRTHPLACE Newberry S.C.(19) OCCUPATION Day Laborer(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was Blue at 5:50 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Calvin T. Throckmorton(23) State whether Physician or Midwife (24) Address of Physician or Midwife Newberry S.C.

Give name added from a supplemental report

191....

Registrar

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark) B. S. Cunningham(26) Filed Sept 27 1922 (27) B. S. Cunningham Local Registrar

If 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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