

(1) PAGE OF BOOK

County of CharlestonTownship of St. Paul

Inc. Town of

City of

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

(2) Full Name of Child Ruby Richardson

If child is not yet named, make report as directed

Date of birth Jan 6 1923

(Name of Month) (Day) (Year)

Ward

Room

Street

City

State

Country

Occupation

Home wife

Home wife

Home wife

Home wife

Home wife

Home wife

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Division of Vital Statistics

State Board of Health

Registration District No. 141

Registered No.

(For use of Local Registrar)

Ward

Room

Street

City

State

Country

Occupation

Home wife

Home wife

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born at 4 P.M. on the date above stated.(29) (Signature) L. M. Butler(30) State whether Physician or Midwife Physician

Give name added from a supplemental report

(31) Witness Henry King

(Signature of Witness necessary only when question 28 is signed by mark)

(32) Filed 1-10-23

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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