

(1) PLACE OF BIRTH

County of Blount

Township of

Inc. Town of

City of Blount

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

40180

Registration District No. 20-A Registered No. 390

(For use of Local Registrar)

(No. 219 S. H. Ave St.; Ward)(2) Full Name of Child Ruth Doughty 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	(6) Are Parents Married <u>Y</u>	(7) DATE OF BIRTH <u>Dec 4 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Edwin Marion Doughty(9) PRESENT POSTOFFICE OF FATHER Blount S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24
(Year)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Machinist(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE va Bernice Mills(15) PRESENT POSTOFFICE OF MOTHER Blount S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27
(Year)(18) BIRTHPLACE Walterboro S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8:20 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. K. P. P.(24) State whether Physician or Midwife Phys.(25) Address of Physician or Midwife Blount S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Dec 5 23(28) P. A. Pugham M.D.

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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