

(1) PLACE OF BIRTH

County of Spartenburg
Township of Charochee

or
City of

or
City of

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

No. 10.—For State Registrar Only
1917

Registration District No. 4002 Registered No. 29
(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.)

(1) Full Name of Child Ruby Landrum If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD girl (3) Twin or Triplet No (4) Name in order of birth 1 (5) Age before marriage yes (6) DATE OF BIRTH June 28 1917
(Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE Yesterde M. M. M.
(15) PRESENT POSTOFFICE OF FATHER Spartanburg SC
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 19
(18) BIRTHPLACE SC (19) OCCUPATION Teacher
(20) Number of children born to mother, including present birth 2

MOTHER. (14) NAME BEFORE MARRIAGE Yesterde M. M. M.
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg SC
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 19
(18) BIRTHPLACE SC (19) OCCUPATION Teacher
(20) Number of children born to mother, including present birth 2

(21) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. S. Ewell M.D. (23) Address of Physician or Midwife Spartanburg SC
(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness W. W. Painter (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed June 28 1917 (27) Local Registrar W. W. Painter

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.