

MAILED RECEIVED FOR BINDING.

WHITE 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, TELL OTHER; No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson  
Township of .....  
OR  
Inc. Town of .....  
OR  
City of .....  
(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

Registration District No. 3A

File No.—For State Registrar Only

158

Registered No. 20  
(For use of Local Registrar)

St. .... Ward)

(2) Full Name of Child

Ruth La dler

If child is not yet named, make supplemental report as directed

(3) ~~SEX~~ OR GIRL?

(4) Twin or triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 11 1925  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Laurie La dler

(9) PRESENT POSTOFFICE OF FATHER

Anderson

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29  
(Years)

(12) BIRTHPLACE

A.C.

(13) OCCUPATION

Laborer

(20) Number of children born to mother, including present birth

3

(14) NAME BEFORE MARRIAGE

Blossom Ark

(15) PRESENT POSTOFFICE OF MOTHER

Anderson

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26  
(Years)

(18) BIRTHPLACE

A.C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was, on the date above stated.

at 29 M.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature)

B. E. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1925

(28) Local Registrar

B. E. ...

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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Local Registrar  
this return.  
Births