

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of Flower

(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

20906

Registration District No. 20-ARegistered No. 211

(For use of Local Registrar)

(No. 208 St. South Ward)(2) Full Name of Child Baby Rushing

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>July 4, 1923</u>
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FATHER.

(8) FULL NAME Walter Fred Rushing(9) PRESENT POSTOFFICE OF FATHER Scott(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 38 (Year)(12) BIRTHPLACE Marion Co. W.(13) OCCUPATION R.R. Switchman

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret High(15) PRESENT POSTOFFICE OF MOTHER Scott(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE Columbus Co. W.(19) OCCUPATION H.C.W.

(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>2</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:15 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sam L. L. L.

(24) State whether Physician or Midwife (25) Address of Physn. or Midwife

physician

Given name added from a supplemental report

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

(27) Filed July 11, 1923 (M.) P. H. Brighau 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.