

WRITE 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  
 POSITION, No. 1, 2, 3, etc., in question 6.

**(1) PLACE OF BIRTH**  
**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
**Bureau of Vital Statistics**  
**State Board of Health**

County of Abbeville  
 Township of Abbeville  
 or  
 Inc. Town of .....

Registration District No. 100 Registered No. 24751  
 (For use of Local Registrar)

City of ..... (No. ....) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (If child is not yet named, make supplemental report as directed)

**(2) Full Name of Child** .....

(3) SEX BOY OR GIRL	(4) TWIN or Multiple? <u>1</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1/26/22</u> (Name of Month) (Day) (Year)
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**FATHER**

(8) FULL NAME <u>C. E. Rusk</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Carl Rusk</u>	(12) BIRTHPLACE <u>Abbeville</u>
(10) COLOR OR RACE <u>White</u>	(13) OCCUPATION <u>Farm</u>
(14) BIRTHPLACE <u>Abbeville</u>	(15) OCCUPATION <u>Housewife</u>
(16) Number of children born to mother, including present birth <u>4</u>	(17) Number of children of this mother now living, including present birth <u>4</u>

**MOTHER**

(18) NAME BEFORE MARRIAGE <u>Theresa Robinson</u>	(19) PRESENT POSTOFFICE OF MOTHER <u>Carl Rusk</u>
(20) COLOR OR RACE <u>White</u>	(21) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(22) BIRTHPLACE <u>Abbeville</u>	(23) OCCUPATION <u>Housewife</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(24) I hereby certify that I attended the birth of this child, who was born alive at 5 A. M.  
 on the date above stated. (In all other cases, state hour, A. M. or P. M.)

(25) (Signature) J. H. Rusk  
 (26) State whether Physician or Midwife Midwife  
 (27) Address of Physician or Midwife 100 North St.

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(29) Filed Dec. 10, 1922 (30) J. H. Rusk Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return if the child breathes even once. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

RECEIVED BY CLERK, BUREAU OF VITAL STATISTICS