

Form No. 1

(1) PLACE OF BIRTH

County of Laurens
 Township of Union
 or
 Inc. Town of
 or
 City of Clinton

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41273

Registration District No. 29 BRegistered No. 116

(For use of Local Registrar)

(No. 27 Cabaret are Ward)

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

(2) Full Name of Child Ruth Esther Sant

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

(3) SEX OR CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at last birthday 29 (7) DATE OF BIRTH Feb. 27, 1923

FATHER.

(8) FULL NAME Adolph J. Sant
 (9) PRESENT RESIDENCE OF FATHER Clinton, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE Harlem Penn.
 (13) OCCUPATION College Prof. (P.C. & C.)
 (14) Number of children born mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Ethel Larson
 (16) PRESENT RESIDENCE OF MOTHER Clinton S.C.
 (17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 29
 (19) BIRTHPLACE Smithport, Penn.
 (20) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (23) born alive (24) born alive (25) born alive

(26) (Signature) J. L. H. Bailey(27) State whether Physician or Midwife Physician(28) Address of Physician or Midwife Clinton S.C.

Given name added from a supplemental report

(29) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(30) Date Feb. 27, 1923 (31) Local Registrar

*When there is no attending physician or midwife, the father, householder, etc., should make this report. If a child is born dead, it should be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 B. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.