

## (1) PLACE OF BIRTH

County of BarnwellTownship of George Creek

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

58734

Registration District No. 507Registered No. 17

(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.)

## (2) Full Name of Child

Ruby Benson

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

(3) BOY OR GIRL? <u>GIRL</u>	(4) Twin or Triplet? <u>      </u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>      </u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May, 26, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME <u>J. J. Bruce</u>	(14) NAME BEFORE MARRIAGE <u>Maguer Still</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Barnwell S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Barnwell S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Barnwell Co</u>	(16) COLOR OR RACE <u>white</u>
(13) OCCUPATION <u>Farming</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>
(18) BIRTHPLACE <u>Barnwell Co</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>

## MOTHER.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, at 8:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Nettie Sandrine(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Barnwell S.C. R.F.D. 1

Given name added from a supplemental report

Ruby 23 1916  
W. J. Bruce  
Super Registrar

(26) Witness

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

(27) Filed June 5, 1916(28) W. J. Bruce 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.

MARGIN RESERVED FOR BINDING.  
 WHITE PLAIN, 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, THE OTHER, NO. 2, etc., in question 5.  
 State of Columbia.