

## (1) PLACE OF BIRTH

County of *Wilkes*Township of *Montezuma*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

File No. — For State Registrar Only

24251

Registration District No. *1*

Registered No. ....

(For use of Local Registrar)

(No. ....)

St. ....

Ward)

2) Full Name of Child *Lucy Rudden*

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

(3) SEX OR  
GENDER *Female*(4) Twin  
or Triplet?(5) Number in  
order of birth *1st*

To be answered only in event of Twins or Triplets

(6) Are  
Parents  
Married? *Yes*

(7) DATE

BIRTH *April 14 1927*

(Name of Month) (Day) (Year)

## FATHER.

(9) FULL  
NAME *Charles A. Rudden*(10) PRESENT  
POSTOFFICE  
OF FATHER *Cades SC*(11) COLOR  
OR  
RACE *White*(12) AGE AT LAST  
BIRTHDAY *41*

(Years)

(13) BIRTHPLACE *Montezuma CO*(14) OCCUPATION *Farming*(20) Number of children born to  
mother, including present birth *1st*

## MOTHER.

(14) NAME BEFORE  
MARRIAGE *Ellen S. Barker*(15) PRESENT  
POSTOFFICE  
OF MOTHER *Cades SC*(16) COLOR  
OR  
RACE *White*(17) AGE AT LAST  
BIRTHDAY *37*

(Years)

(18) BIRTHPLACE *Montezuma CO*

(19) OCCUPATION

(21) Number of children of this mother  
now living, including present birth *(18)*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *4:00 P.M.*  
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *W. J. Rudden*

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

Given name added from a supplement-  
tal report

(26) Witness

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

(27) Filed

191.... (28) .....

Local Registrar

Registrar Only

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.. Ward)

d, make  
directed2-2  
Year)

for

Midwife

2 M.,  
or P. M.)

Midwife

\*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.

N. B.

Registrar

(27) Filed

1927-1928

(28) .....

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.