(1) PLACE OF BIRTH

County of Sumter

Township of .....
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
9348

Registration District No. ..... Registered No. 41
(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 Ruth Foreman

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl				March 11 1922

FATHER.	MOTHER.
(8) FULL NAME Abram Foreman	(14) NAME BEFORE MARRIAGE Susie Hodge
(9) PRESENT POSTOFFICE OF FATHER Sumter S C	(15) PRESENT POSTOFFICE OF MOTHER Sumter S C
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY — (Years)	(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 16 (Years)
(12) BIRTHPLACE Sumter Co,	(18) BIRTHPLACE Sumter S C
(13) OCCUPATION works on R R	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1	(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 ..... at ..... M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Annie Gal mid B.T.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) Carl B Epps
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.

Registrar Local Registrar

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark (two) FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

THIS IS A PERMANENT RECORD.

McCASH OF COLUMBIA, COLUMBIA, S. C.