

MARGIN RESERVED FOR BINDING.

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 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Georgetown
 Township of
 OR
 Inc. Town of
 OR
 City of Georgetown (No. St.; Ward)
 (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
22208

Registration District No. 21C Registered No. 46
 (For use of Local Registrar)

(2) Full Name of Child Harrel Rutledge (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH: June 9, 22
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Henry Rutledge</u>	(14) NAME BEFORE MARRIAGE	<u>Regenia Squire</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Georgetown</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Georgetown</u>
(10) COLOR OR RACE	<u>Negro</u> (11) AGE AT LAST BIRTHDAY... <u>46</u> (Years)	(16) COLOR OR RACE	<u>Negro</u> (17) AGE AT LAST BIRTHDAY... <u>39</u> (Years)
(12) BIRTHPLACE	<u>S. C.</u>	(18) BIRTHPLACE	<u>S. C.</u>
(13) OCCUPATION	<u>Laborer</u>	(19) OCCUPATION	<u>Domestic</u>
(20) Number of children born to mother, including present birth	<u>6</u>	(21) Number of children of this mother new living, including present birth	<u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive... at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte Desane
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 19 22 (28) Mrs. R. Y. King 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.