

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		24407	
Township of <u>W. W.</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>106</u>		Registered No. <u>513</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>8/19/22</u>	
To be answered only in event of Twins or Triplets				(Name, Month, Day, Year)	
FATHER			MOTHER		
(8) FULL NAME <u>G. R. Desenberg</u>			(14) NAME BEFORE MARRIAGE <u>Lina Ruckelshaus</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Donaldson 2 C</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Donaldson 2 C</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>77</u>			(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>
(12) BIRTHPLACE <u>Abbeville</u>		(18) BIRTHPLACE <u>Abbeville</u>			
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Home wife</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Lina Ruckelshaus</u> at <u>10 A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. R. Bell</u>					
(24) State whether Physician or 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 <u>Sept. 1</u> 19		
.....			(28) <u>J. H. Brinkley</u> 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.					