

(1) PLACE OF BIRTH

County of Charleston
 Township of Trident
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
3886

Registration District No. 15.22 Registered No. 19
 (For use of Local Registrar)

City of (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 Rutha McIntosh If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 25, 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Mr. McIntosh</u>	(14) NAME BEFORE MARRIAGE <u>Rutha McIntosh</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Trident S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Trident S.C.</u>
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(18) BIRTHPLACE <u>Trident S.C.</u>
(12) BIRTHPLACE <u>Trident S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(20) OCCUPATION <u>Farmer</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
(22) Number of children born to mother, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature) Mr. J. M. S. S. S.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Trident S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 3/3 19 22 (28) W. G. McKagan 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.

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