

FORM NO. 1.

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

File No. For State Registrar Only
 66170

(1) PLACE OF BIRTH
 County Spartanburg
 Township of Woodruff
 or
 Inc. Town of Woodruff
 or
 City of Woodruff (No. 40 B Registered No. 36
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

(2) Full Name of Child Ruby May Landrum (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Yes Parent Married? (7) DATE OF BIRTH June 17, 1916
 (Specify of Month) (Day) (Year)

FATHER: (8) FULL NAME Lester Page (14) NAME BEFORE MARRIAGE Old Bill Landrum

(9) PRESENT POSTOFFICE OF FATHER Woodruff S.C. (15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY (Years) (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Spartanburg Co (18) BIRTHPLACE Spartanburg Co

(13) OCCUPATION Cotton Mill Operator (19) OCCUPATION Domestic

(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 born at Woodruff on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) D.D. Alexander (24) State South Carolina (25) Address of Physician or Midwife Physician Woodruff S.C.

Given name added from a supplemental report

Nov 11, 1916
Woodruff
Super Registrar

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

(27) Filed 7/10 1916 (28) Chas. L. Bayler 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.

A. 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.

WHEN BIRTH OCCURS IN A HOSPITAL OR OTHER INSTITUTION, THE CHILD IS A TERRA NULLIUS.