

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 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

26339

Registration District No. 22097 Registered No. 293

(For use of Local Registrar)

(No. 372 Birth St.; Sumner Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ruby Lou Sumner (If child is not yet named, make supplemental report as soon as name is given)

(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 June 13, 1924  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. H. Stulen  
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE No. car.

## OCCUPATION

Textile(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Delie Martin  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE S. car.

## OCCUPATION

Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Geo. J. Walker  
 (24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

19 24 Registrar(27) Filed Aug 17 19 24 (28) A. N. Mackey 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.