

(1) PLACE OF BIRTH
County of San Diego
Township of
or
Inc. Town of
or
City of
(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
47906

Registration District No. 3A Registered No. 40
(For use of Local Registrar)

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

(3) BOY OR GIRL? Y (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 12 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Joe Ernest Rusk
(9) PRESENT POSTOFFICE OF FATHER 327th St. OC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Clark Co. Ala.
(13) OCCUPATION Wh. Mill Oper
(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Willie Alice Knight
(15) PRESENT POSTOFFICE OF MOTHER same as
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Clark Co. Ala.
(19) OCCUPATION domestic
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1015 P. M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) W. V. Thompson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 191..... (28) W. V. Thompson 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.

Registrar I LOCAL REGISTRAR

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FORM NO. 2. MAINLINE REMITTANCE FOR BIRTHING. WITH ENCLOSING THIS IS A PERMANENT RECORD. M. B.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc. in question 5. M. B. McGraw, of Columbia