

Form No. 1

(1) PLACE OF BIRTH

County of Salmon

Township of Sandy Ar

Inc. Town of

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

27364

Registration District No. 8.04 Registered No. 73
(For use of Local Registrar)

(2) Full Name of Child Ruby Speak

If child is not yet named, make supplemental report as directed

3) <input checked="" type="checkbox"/> GIRL?	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Sept 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Sam Speak</u>	14) NAME BEFORE MARRIAGE <u>Mettie Good</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Gaston</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Gaston</u>			
10) COLOR OR RACE <u>Negro</u>	11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	16) COLOR OR RACE <u>Negro</u>	17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
12) BIRTHPLACE <u>Lexington</u>	18) BIRTHPLACE <u>Orangeburg</u>			
13) OCCUPATION <u>Farmhand</u>	19) OCCUPATION <u>Farmhand</u>			
20) Number of children born to mother, including present birth <u>1</u>	21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at 10 P. M., on the date above stated. (Hour of Day and Month)

(23) (Signature) Starbott Wright
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gaston

(Given name added from a supplemental report)

(26) Witness J. S. Bellinger
(Signature of Witness necessary only when question 23 is signed by father)

(27) Filed Sept 23 (28) J. S. Bellinger 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.

McCam of Columbia, Columbia S. C.