

Form No. 1

(1) PLACE OF BIRTH

County of Salmon

Township of Sandy Run

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. S.A. 4

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) ~~SEX~~ GIRL? 4) Twin or Triplet? 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH Sept 23 1923
(Name of Month) (Day) (Year)

8) FULL NAME FATHER Sam Speak MOTHER Mettie Good

9) PRESENT POSTOFFICE OF FATHER Gaston 10) PRESENT POSTOFFICE OF MOTHER Gaston

11) COLOR OR RACE Negro 12) AGE AT LAST BIRTHDAY 22 (Years) 13) COLOR OR RACE Negro 14) AGE AT LAST BIRTHDAY 19 (Years)

15) BIRTHPLACE Lexington 16) BIRTHPLACE Orangeburg

17) OCCUPATION Farmhand 18) OCCUPATION Farmhand

19) Number of children born to mother, including present birth 1 20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) 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 P. or A. M.)

(22) (Signature) Herbert Wright (23) Address of Physician or Midwife Gaston

(24) State whether Physician or Midwife Midwife

(Given name added from a supplemental report)

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

(26) Filed Sept 23 1923 (27) 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.

MISSISSIPPI OF COLUMBIA, COLUMBIA, S. C.