

STANDARD. WITH UNPAID REGISTRATION, THIS IS A PERMANENT RECORD.
N. B.—In case of twins, fill in a blank for each child, and mark the
FIRSTBORN, No. 1. THIS OFFICE, No. 2, etc., in question 4
REGISTRY OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter
Township of Sumter
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

Registration District No. Registered No. 22
(For use of Local Registrar)

File No.—For State Registrar Only
2631

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

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 31, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Johnny Colclough</u>	(14) NAME BEFORE MARRIAGE <u>Ellsree Brown</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Sumter</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter</u>
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>colored</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>S. C.</u>	(18) BIRTHPLACE <u>S. C.</u>	(19) OCCUPATION <u>Farmer</u>	(20) OCCUPATION <u>House wife</u>
(21) Number of children born to mother, including present birth <u>2</u>	(22) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(23) I hereby certify that I attended the birth of this child, who was Ruth Christina at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(24) (Signature) Dudan Davis
(25) State whether Physician or Midwife (26) Address of Physician or Midwife

Given name added from a supplemental report
(27) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(28) Filed (29) 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.