

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson
Township of Houma Path
or
Inc. Town of
or
City of Beltou

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

20022

Registration District No. 3.07 Registered No. 92
(For use of Local Registrar)

(No. R. 78 # 5) St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ruben Augustus Brock (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>—</u> To be answered only in case of Twins or Triplets	5) Number in order of birth <u>3rd</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>May 30, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Jas. Anderson Brock</u>			14) NAME BEFORE MARRIAGE <u>Dessie Lee Shaw</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Beltou S.C. R. 78 # 5</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Beltou S.C. R. 78 # 5</u>	
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	16) COLOR OR RACE <u>white</u>		
12) BIRTHPLACE <u>Anderson Co., S.C.</u>		17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
13) OCCUPATION <u>Farming</u>		18) BIRTHPLACE <u>Anderson Co., S.C.</u>		
20) Number of children born to mother, including present birth <u>Three</u>		19) OCCUPATION <u>Housewife</u>		
		21) Number of children of this mother now living, including present birth <u>Three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:39 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. G. Ladd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Beltou, S.C.

Given name added from a supplemental report

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

(27) Filed July 3, 1922 (28) Jennie Williams
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.

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