

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 2.

| (1) PLACE OF BIRTH  |                               | CERTIFICATE OF BIRTH  |   | No. for State Registrar Only                 |  |
|---|-------------------------------|---|---|--|--|
| County of <u>Richland</u>   |                               | STATE OF SOUTH CAROLINA   |   | 18879  |  |
| Township of .....   |                               | Bureau of Vital Statistics  |   |  |  |
| Inc. Town of .....  |                               | State Board of Health   |   |  |  |
| City of <u>Columbia, S.C.</u>   |                               | Registration District No. <u>38</u>   |   | Registered No. <u>444</u>                    |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)   |                               | (No. <u>1012</u> <u>Nuger</u> St.; ..... Ward)  |   | (For use of Local Registrar)                 |  |
| (2) Full Name of Child <u>Melinda Rebecca Ruthford</u>  |                               |   |   |  |  |
| (3) SEX OR GUILD <u>girl</u>  | (4) Twin or Triplet <u>No</u> | (5) Number in order of birth  | (6) Are Parents Married <u>Yes</u>  | (7) DATE OF BIRTH <u>June 6</u> 19 <u>33</u> |  |
| (Name of Month) (Day) (Year)  |                               |   |   |  |  |
| FATHER.   |                               |   | MOTHER.   |  |  |
| (8) FULL NAME <u>Henry Ruthford</u>   |                               |   | (14) NAME BEFORE MARRIAGE <u>Mellicie Lee Lammey</u>                                |  |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Newberry</u>  |                               |   | (15) PRESENT POSTOFFICE OF MOTHER <u>New Street St</u>                              |  |  |
| (10) COLOR OR RACE <u>colored</u>   |                               |   | (16) COLOR OR RACE <u>color</u>   |  |  |
| (11) AGE AT LAST BIRTHDAY <u>31</u> (Years)   |                               |   | (17) AGE AT LAST BIRTHDAY <u>17</u> (Years)   |  |  |
| (12) BIRTHPLACE <u>Columbia</u>   |                               |   | (18) BIRTHPLACE <u>Columbia</u>   |  |  |
| (13) OCCUPATION <u>Sailor</u>   |                               |   | (19) OCCUPATION <u>Teacher</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 <u>alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) |                               |   |   |  |  |
| (23) (Signature) <u>Rebecca Bates</u>   |                               | (24) State whether Physician or Midwife <u>Midwife</u>  |   |  |  |
| (25) Address of Physician or Midwife <u>1607 Nuger St</u>   |                               |   |   |  |  |
| Given name added from a supplemental report   |                               | (26) Witness <u>Melinda Leater</u> (Signature of Witness necessary only when question 23 is signed by mark) |   |  |  |
| 19 .....  |                               | (27) Filed <u>June 10</u> 19 <u>33</u> Registrar <u>A. J. Sloan</u>   |   |  |  |

\*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.