

Form No. 1

(1) PLACE OF BIRTH

County of WickTownship of 1

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3706

File No.—For State Registrar Only

36109Registered No. 102

(For use of Local Registrar)

(No. 1)St. 102

Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Clowne Ruby Louise

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

(3) BOY OR GIRL 3

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ruby Louise(9) PRESENT POSTOFFICE OF FATHER Wick, S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 37

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER

(14) NAME BEFORE MARRIAGE Louise Ferguson(15) PRESENT POSTOFFICE OF MOTHER Wick, S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 37

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(Born alive or stillborn)

(House, M. or P. M.)

(23) (Signature) F. J. Porter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Wick, 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

19

19

(28)

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.

MADE IN U.S.A. WITH UNPAID 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.

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