

(1) PLACE OF BIRTH

County of HamptonTownship of Peoplesor Town of Vauviesse Se

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

File No.—For State Registrar Only

4553

Registration District No. 2402Registered No. 2402

(For use of Local Registrar)

(2) Full Name of Child

1) BOY OR GIRL Girl 2) Twin or Triplet? ✓ 3) Number in order of birth 3 4) Are Parents Married? yes 5) DATE OF BIRTH Feb 22 6) (Name of Month) (Day) (Year)

FATHER.

5) FULL NAME W. H. Rutz6) PRESENT POSTOFFICE OF FATHER Vauviesse Se7) COLOR OR RACE white 8) AGE AT LAST BIRTHDAY 31 9) (Years)10) BIRTHPLACE Se11) OCCUPATION Civil Engineer12) Number of children born to mother, including present birth Three

MOTHER.

13) NAME BEFORE MARRIAGE Eugene M. Rutz14) PRESENT POSTOFFICE OF MOTHER Vauviesse Se15) COLOR OR RACE white 16) AGE AT LAST BIRTHDAY 29 17) (Years)18) BIRTHPLACE Ark19) OCCUPATION House wife20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21) I hereby certify that I attended the birth of this child, who was... born... at... 3:15... on the date above stated. born alive or stillborn Hour M. or P. M.

(22) (Signature) [Signature](23) State whether Physician or Midwife(24) Address of Physician or Midwife Vauviesse Se

Given name added from a supplemental report

Marion E. Woodward, M. D.

Assistant State Registrar

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

(26) Filed Feb 22 19 22 (27) J. W. Rogers 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.

Registrar

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MARGIN RESERVED FOR BINDING.
WHEN PLACING WITH UNFOLDING INN—THIS IS A PERMANENT RECORD.
IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRSTBORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

Form 3-5

Rec'd of Registrar, Columns 1 & 2