

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Cherokee  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2498

Registration District No. 1402 BRegistered No. 96  
(For use of Local Registrar)

(No. .... 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 Fula Re Rutland

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1  
 To be answered only in event of Twin or Triplets (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 15 1932  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Walter Rutland  
 (9) PRESENT POSTOFFICE OF FATHER uptg 5092  
 (10) COLOR OR RACE wh (11) AGE AT LAST BIRTHDAY 31  
 (Years)  
 (12) BIRTHPLACE Ala  
 (13) OCCUPATION farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Elva Harton  
 (15) PRESENT POSTOFFICE OF MOTHER uptg 5092  
 (16) COLOR OR RACE whit (17) AGE AT LAST BIRTHDAY 33  
 (Years)  
 (18) BIRTHPLACE Ala  
 (19) OCCUPATION domestic

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 730 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. W. Rutland M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signatures of Witness necessary only when question 22 is signed by mark)(27) Filed Feb 10 1932 (28) W. W. Rutland  
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.

WRITE PLAINLY, WITH UNFADING INK—WHEN IN A PERMANENT RECORD, IN CASE OF DEATH, THIS FORM IS THE ONLY BLANK FOR EACH CHILD, AND MARK THE FIFTY-FOUR, NO. 1, THIS OFFICE, NO. 2, ETC., IN QUESTION 6.

Register of Deaths, Columbia, S. C.