

(1) PLACE OF BIRTH

County of Spencer

Township of Milledgeville

Inc. Town of ...

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

35801

Registration District No. 2013

Registered No. 91

(For use of Local Registrar)

Ward

(2) Full Name of Child Jack Sevens Truduck

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

(1) BOY OR GIRL? Boy (4) Twin or Triple? One (5) Number in order of birth 2nd

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept. 24  
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Douglas P. Truduck

(2) PRESENT POSTOFFICE OF FATHER W. Santa, S.C.

(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 25 (Years)

(5) BIRTHPLACE Spencer Co. S.C.

(6) OCCUPATION Mechanic

(7) Number of children born to mother, including present birth 2

MOTHER.

(1) NAME BEFORE MARRIAGE Marion Ruth John

(2) PRESENT POSTOFFICE OF MOTHER W. Santa, S.C.

(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 23 (Years)

(5) BIRTHPLACE Spencer Co.

(6) OCCUPATION Domestic

(7) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) S. C. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife W. Santa, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 15 1923 (28) P. S. ... 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.