

## (1) PLACE OF BIRTH

County of AillonTownship of Greenvilleor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1602

File No.—For State Registrar Only

17411Registered No. 74  
(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 Ruth Owens Mcnair (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH June 26 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME X

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Mcnair(15) PRESENT POSTOFFICE OF MOTHER Little Rock sc(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18(18) BIRTHPLACE sc(19) OCCUPATION housework(21) 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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Mcnair(24) State whether Physician or Midwife (25) Address of Physician or Midwife Little Rock sc

Given name added from a supplemental report

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

(27) Filed June 26 22 (28) B. H. Hardy 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.