

(1) PLACE OF BIRTH

County of FlorenceTownship of Salma

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

18631

Registration District No. 2009 Registered No. 46
(For use of Local Registrar)St.; Ward)
(If child is not yet named, make supplemental report as directed)

2) Full Name of Child

BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

1(6) Are Parents Married? yes

(7) DATE OF BIRTH

June 8, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Nathaniel Ruske

(9) PRESENT POSTOFFICE OF FATHER

Lake City S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

mill hand

(14) Number of children born to father at present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Etta Oston

(15) PRESENT POSTOFFICE OF MOTHER

Lake City S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 9:30 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

S. B. W. Coehey M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lake City S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

6/27/22

(28)

R. L. Coehey
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.

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