

(1) PLACE OF BIRTH

County of Harvey
 Township of Green Oak
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4241

Registration District No. 2506Registered No. 17
(For use of Local Registrar)

City of (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 Messie Rueland 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 Yes (7) DATE OF BIRTH July 27, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Buever
 (9) PRESENT POSTOFFICE OF FATHER Labor near 2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
 (12) BIRTHPLACE Harvey Co. S.C.
 (13) OCCUPATION Farm Tenant
 (14) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Lue Strickland
 (15) PRESENT POSTOFFICE OF MOTHER Labor near 2
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
 (18) BIRTHPLACE Harvey Co. S.C.
 (19) OCCUPATION Raise & feed wool
 (20) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:00 P.M. on the date above stated.
 (If born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Fallie & MacQueen
 (24) State whether Physician or Midwife Midwife or Midwife

Given name added from a supplemental report

(25) Witness Robert B. Rogers
 (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed July 28, 1923 (27) E. B. Rogers Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. In a child born dead case, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.