(1) PLACE OF BIRTH

County of Anderson

Township of Savannah

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
3083

Registration District No. 311 Registered No. 11
(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 Anna Laura Rucker (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	To be answered only in event of Twins or Triplets		Yes	Feb 20 19 22 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Calvin Rucker	(14) NAME BEFORE MARRIAGE	Julia Cunningham
(9) PRESENT POSTOFFICE OF FATHER	Starr S. C.	(15) PRESENT POSTOFFICE OF MOTHER	Starr S. C.
(10) COLOR OR RACE	Colored	(16) COLOR OR RACE	Colored
(11) AGE AT LAST BIRTHDAY	26 (Years)	(17) AGE AT LAST BIRTHDAY	33 (Years)
(12) BIRTHPLACE	Ga	(18) BIRTHPLACE	Anderson Co. S.C.
(13) OCCUPATION	Farmer.	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	Eight	(21) Number of children of this mother now living, including present birth	Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 5:15 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Grossman Bare M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Starr S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Mar 4 1922 (28) L. A. Todd
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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MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCAW OF COLUMBIA, COLUMBIA S. C.