

(1) PLACE OF BIRTH

County of Edgefield

Township of

Inc. Town of Edgefield

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

17496

Registration District No. 15.A.Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child

Ruby Francis Bagley

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

June 14, 1927

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. A. Bagley

(9) PRESENT POSTOFFICE OF FATHER

Edgefield, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

46

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Se xite

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

1 3

MOTHER.

(14) NAME BEFORE MARRIAGE

Pearl Sharpe

(15) PRESENT POSTOFFICE OF MOTHER

Edgefield, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

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

1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 1 30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. A. Nicholas

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(25) Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/18/2723Chas. F. Smith 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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