

(1) PLACE OF BIRTH

County of Edgefield
Township of
or
Inc. Town Edgefield
or
City of

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) Sex of Parents Yes (5) Number in order of birth (6) DATE OF BIRTH June 14, 1927
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(7) FULL NAME J. A. Bagley
(8) PRESENT POSTOFFICE OF FATHER Edgefield, S.C.
(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 46
(11) BIRTHPLACE S.C.
(12) OCCUPATION Septile
(13) Number of children born to mother, including present birth 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
(18) BIRTHPLACE S.C.
(19) OCCUPATION House wife
(20) Number of children of this mother now living, including present birth 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)
19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7/18/27 at Edgefield 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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