

(1) PLACE OF BIRTH

County of Yamhoro
 Township of Don't know
 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

43677

Registration District No. 33ARegistered No. 1216
(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 Ruby Pope

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? ☒ (5) Number in order of birth ☒ (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 2 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Pope
 (9) PRESENT POSTOFFICE OF FATHER Bunnysville R.F.D.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Hesters
 (15) PRESENT POSTOFFICE OF MOTHER Bunnysville S.C. R.F.D.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION None
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 a. M.,
 on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. R. Hesters(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Bunnysville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 1 1922

(28)

Mr. N. J. Peto
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.

LOCAL REGISTRAR.

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