

Form No. 1

(1) PLACE OF BIRTH

County of Oconee

Township of Wagner

Inc. Town of .....

City of .....

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

50057

Registration District No. 3506 Registered No. 20

(For use of Local Registrar)

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 Rose Bright 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? yes (7) DATE OF BIRTH Oct 11 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME William Bright

(9) PRESENT POSTOFFICE OF FATHER Walhalla

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 53  
(Years)

(12) BIRTHPLACE Oconee Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Cardelia Garner

(15) PRESENT POSTOFFICE OF MOTHER Walhalla

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 41  
(Years)

(18) BIRTHPLACE Oconee Co S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive, at about 9 2 A.M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Phelan, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Walhalla, 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 Feb 15 1916 (28) R. A. Lees 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.

MARGIN RESERVED FOR BINDING.

WHEN 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 mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Law of Columbia