

## (1) PLACE OF BIRTH

County of *Friedman*Township of *Friedman*or  
Inc. Townor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Only

38430

Registration District No. *3 B*Registered No. *90*

(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 *May Ruth Argo*

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

(1) BOY OR GIRL *Girl* (2) Twin or Triplet *To be answered only in case of Twin or Triplet*(3) Number in order of birth *1* (4) Age Parents Married *yes*(5) DATE OF BIRTH *Dec 2 1923*  
(Name of Month) (Day) (Year)(6) FATHER'S FULL NAME *Q. L. Argo*(7) MOTHER'S NAME BEFORE MARRIAGE *Orisa Finley*(8) PRESENT POSTOFFICE OF FATHER *Friedman S.C.*(9) PRESENT POSTOFFICE OF MOTHER *Friedman*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *33*  
(Year)(12) COLOR OR RACE *White* (13) AGE AT LAST BIRTHDAY *24*  
(Year)(14) BIRTHPLACE *GA*(15) BIRTHPLACE *S.C.*(16) OCCUPATION *Mill Worker*(17) OCCUPATION *Domestic*(18) Number of children born to mother, including present birth *3*(19) Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was *alive* *5:30 P.*  
on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(21) (Signature) *John H. Hermal*(22) State whether Physician or Midwife *Physician* (23) Address of Physician or Midwife *Friedman*

Given name added from a supplemental report

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

(25) *Dec 5 23* (26) *D. J. H. Lewis*  
Registrar 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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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