

(1) PLACE OF BIRTH

County of Anderson
 Township of Hamlet
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. - For State Registrar
12831

Registration District No. 307

Registered No. 16
 (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 Alise May Rucker If child is not yet named, make supplemental report as directed

(a) SEX Girl (b) Twin or Triplet No (c) Number in order of birth 1 (d) Are Parents Married Yes (e) DATE OF BIRTH May 7, 1927
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(a) FULL NAME Frank Rucker
 (b) PRESENT POSTOFFICE OF FATHER Mills Ga
 (c) COLOR OR RACE Col (d) AGE AT LAST BIRTHDAY 24
 (e) BIRTHPLACE Ga
 (f) OCCUPATION Farming
 (g) Number of children born to mother, including present birth 2

MOTHER.

(a) NAME BEFORE MARRIAGE Mrs. O. Sher
 (b) PRESENT POSTOFFICE OF MOTHER Belton SC
 (c) COLOR OR RACE Col (d) AGE AT LAST BIRTHDAY 18
 (e) BIRTHPLACE Ga
 (f) OCCUPATION Housewife
 (g) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(28) I hereby certify that I attended the birth of this child, who was Alise at 3 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(29) (Signature) Emma G. Davis
 (30) State whether Physician or Midwife Midwife (31) Address of Physician or Midwife Belton S. C.

Give name added from a supplemental report

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

(33) Filed June 20, 1927 (34) R. P. R. 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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