

Form No 1.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Campobello
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

66183

Registration District No. 40-C Registered No. 106
(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 { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 21, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James W Rudisail

(9) PRESENT POSTOFFICE OF FATHER Irman SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE Spartanburg Co.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ola Bridgeman

(15) PRESENT POSTOFFICE OF MOTHER Irman SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE Spartanburg Co.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Jas. R. Gibson M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Irman SC

Given name added from a supplemental report

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

(27) Filed June 22, 1916 (28) Ed. C. G. G.
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.

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.

Cav. of Columbia