

(1) PLACE OF BIRTH

County of

Orangeburg
Willow

Township of

Inc. Town of

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2617

Registered No. 79

(For use of Local Registrar)

2) Full Name of Child

Doyle Rutland

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

(3) SEX OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married(7) DATE
BIRTHFeb 1 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Carlo Rutland

(9) PRESENT
POSTOFFICE
OF FATHER

Norway NC

(10) COLOR
OR
RACE

White

(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

1

MOTHER

(14) NAME BEFORE
MARRIAGE

Lenele Akeley

(15) PRESENT
POSTOFFICE
OF MOTHER

Norway NC

(16) COLOR
OR
RACE

White

(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

House wife

(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
on the date above stated. (Born alive or stillborn)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M.D.

Norway, NC

Given name added from a supplement-
tal report

(26) Witness

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

Registrar

(27) Filed Sept. 5, 1922

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before
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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