

(1) PLACE OF BIRTH

County of LancasterTownship of Gills Creekor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ruth McIlveen

File No.—For State Registrar Only

35144

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2804Registered No. 180
(For use of Local Registrar)

Et.; Ward)

If child is not yet named, make
supplementary report as directed(3) BOY OR
GIRL Girl(4) Twin
or Triplet?
To be answered only in case of Twins or Triplets(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH Dec 22 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME D.J. Hood(9) PRESENT
POSTOFFICE Lancaster, S.C.
OF FATHER(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 44
(Years)(12) BIRTHPLACE
N.C.(13) OCCUPATION
Clerk(20) Number of children born to
mother, including present birth Three (3)

MOTHER.

(14) NAME BEFORE
MARRIAGE Whitesides(15) PRESENT
POSTOFFICE Lancaster, S.C.
OF MOTHER(16) COLOR
OR
RACE White(17) AGE AT LAST
BIRTHDAY 44
(Years)(18) BIRTHPLACE
N.C.(19) OCCUPATION
Housewife(21) Number of children of this mother
now living, including present birth Three (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn Dec 22, 1932 M.
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) N. D. Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Lancaster, S.C.Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed Dec 4 1932 (28) N. D. Johnson
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.
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.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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.