

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37768

In Town of Registration District No. 4008 Registered No. 34
 City of Spartanburg (No.) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Ruth Elaine Perkin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 25 20
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ruth Perkin

(9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20
 (Years)

(12) BIRTHPLACE V.C.

(13) OCCUPATION Teacher

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

MOTHER

(14) NAME BEFORE MARRIAGE Beatrice Bridges

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.

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

(18) BIRTHPLACE V.C.

(19) OCCUPATION Teacher

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

..... 101.....

Registrar

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

(26) Filed Nov 23 1923 (27) Mrs. A. F. Herbert 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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