

MARGIN RESERVED FOR MISSING. WRITE PLAINLY. WITH UNIFORM INTERVALS IN A PERMANENT MATERIAL. IN B-2a use of TYPE OR TYPEWRITER use a separate sheet from each couple, and mark as FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 8.

(1) PLACE OF BIRTH

County of Coconino
 Township of Chino
 Inc. Town of
 City of

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

No. 41970
 Registered No. 116.5
 (For use of Local Registrar)

Registration District No. 3800
 (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 Robert James

(a) SEX OR CHILD Boy
 (b) Type or Triplet To be answered only in case of Twins or Triplets
 (c) Number in order of birth 1st
 (d) Date of birth Oct 24 1927
 (e) Time of birth 10:30
 (f) Place of birth Home

FATHER.		MOTHER.	
(1) FULL NAME <u>David R. Rusk</u>	(10) NAME BEFORE MARRIAGE <u>Maggie Tucker</u>	(2) PRESENT RESIDENCE OF FATHER <u>Westminster</u>	(10) PRESENT RESIDENCE OF MOTHER <u>Westminster</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>24</u>
(12) BIRTH DATE <u>Jan 1900</u>	(12) BIRTH DATE <u>Jan 1900</u>	(13) OCCUPATION <u>Farmer</u>	(13) OCCUPATION <u>Housekeeping</u>
(14) Number of children born to mother, including present birth <u>12</u>	(14) Number of children of this mother now living, including present birth <u>12</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Midwife
 (25) Address of Physician or Midwife Westminster

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 27 1927 (28) A. P. Martin Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make a report if a child breathes even once. It must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.