

County of Albany  
 Township of Albany  
 or  
 Inc. Town of.....  
 or  
 City of .....

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

30672

Registration District No. 140 Registered No. 103  
(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 Mardry Ruth (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>1</i>	(3) Number in order of birth <i>5</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 22</i> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(9) FULL NAME	John Ruth	(14) NAME BEFORE MARRIAGE	Dosie Reed
(3) PRESENT POSTOFFICE OF FATHER	Vernville Sp	(18) PRESENT POSTOFFICE OF MOTHER	Vernville
(10) COLOR OR RACE	Cold	(16) COLOR OR RACE	Cold
(11) AGE AT LAST BIRTHDAY	39	(17) AGE AT LAST BIRTHDAY	36
(12) BIRTHPLACE	W. Co.	(19) BIRTHPLACE	W. Co.
(13) OCCUPATION	Farming	(20) OCCUPATION	Housework
(25) Number of children born to mother, including present birth	5	(21) Number of children of this mother now living, including present birth	5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Alfred on the date above stated. born alive stillborn (Name of M. or F. M.)

(28) (Signature) Carrie Tolpelt Medwede  
(29) State whether Physician or Midwife Midwife  
(30) Address of Physician or Midwife 1234 Main St

(25) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)	
(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)	(27) _____ Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should report. 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.