

FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH  
County of Richland  
Township of .....  
OF  
Inc. Town of ..... Registration District No. 39-A  
OF  
City of Columbia S.C. (No. Baptist Hospital Registered No. 5000  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)  
(2) Full Name of Child Nora Ellen Rucker } If child is not yet named, make supplemental report as directed

(3) <b>SEX</b> GIRL?	(4) <b>Twin or Triplet?</b>	(5) <b>Number in order of birth</b> <u>1</u>	(6) <b>Are Parents Married?</b> <u>Yes</u>	(7) <b>DATE OF BIRTH</b> <u>Feb 7 1923</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER</b>	
(8) <b>FULL NAME</b> <u>Arthur Kinder Rucker</u>			(14) <b>NAME BEFORE MARRIAGE</b> <u>Madge Gayner</u>	
(9) <b>PRESENT POSTOFFICE OF FATHER</b> <u>Cayce S.C.</u>			(15) <b>PRESENT POSTOFFICE OF MOTHER</b> <u>Cayce S.C.</u>	
(10) <b>COLOR OR RACE</b> <u>White</u>			(16) <b>COLOR OR RACE</b> <u>White</u>	
(11) <b>AGE AT LAST BIRTHDAY</b> <u>36</u> (Years)			(17) <b>AGE AT LAST BIRTHDAY</b> <u>24</u> (Years)	
(12) <b>BIRTHPLACE</b> <u>Calhoun County.</u>			(18) <b>BIRTHPLACE</b> <u>Bamberg County.</u>	
(13) <b>OCCUPATION</b> <u>Superintendent of Weston and Crocker Quarry Co.</u>			(19) <b>OCCUPATION</b> <u>Domestic.</u>	
(20) <b>Number of children born to mother, including present birth</b> <u>1</u>			(21) <b>Number of children of this mother now living, including present birth</b> <u>1</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.) 4:05 P.

(23) (Signature) Charles E. Owens

(24) State whether Physician or Midwife (25) Address of Physician or Midwife M.D. 1305 Lane St.

Given name added from a supplemental report

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

John H. Sloan Registrar

\*When there was no child born, the father, mother, etc., should make this return. If a child breathes even once, no return is desired of stillbirth before the