

(1) PLACE OF BIRTH

County of Newberry

Township of No. 2

or
In. Town of

or
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

21930

Registration District No. 34

Registered No. 28
(For use of Local Registrar)

St. Ward

(No.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

B. G. Ruff

If child is not yet named, make supplemental report as directed

3 SEX OF CHILD Boy (4) Twin or Triplet
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH July 23 1923
(Name of Month) (Day) (Year)

FATHER.
4 FULL NAME Clifton Ruff

MOTHER.
(14) NAME BEFORE MARRIAGE Lissie Slogh

5 PRESENT POSTOFFICE OF FATHER Newberry S.C. R.D.

(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.

6 COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30
(Year)

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 29
(Year)

7 BIRTHPLACE Newberry S.C.

(18) BIRTHPLACE Newberry S.C.

8 OCCUPATION Farmer

(19) OCCUPATION Housework

9 Number of children born to mother, including present birth 3

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 12 P.M.,
(Born alive or stillborn: Hour M. or P. M.)
on the date above stated.

(22) (Signature) Emma S. Sutton (23) Address of Physician or Midwife
(24) State whether Physician or Midwife Newberry S.C.

(25) Witness S. S. Cunningham
(Signature of Witness necessary only when question 22 is signed by marks)

(26) Filed Aug 8 1923 (27) James S. Ruff
Local Registrar

When there was no attending physician or midwife, then the father, household head, 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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