

(1) PLACE OF BIRTH

County of ROCKLANDTownship of LOWERInc. Town of GadsdenCity of Gadsden

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

66073

Registration District No. 3803 Registered No. 173

(For use of Local Registrar)

(2) Full Name of Child Ruthann Garner

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

(3) SEX OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>Is he assumed such in case of Twins or Triplets.</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 16, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Not Known</u>			(14) NAME BEFORE MARRIAGE <u>Ruth Garner</u>	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <u>Gadsden S.C.</u>	
(10) COLOR OR RACE <u>N</u>	(11) AGE AT LAST BIRTHDAY	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>38</u>	
(12) BIRTHPLACE		(18) BIRTHPLACE <u>Gadsden S.C.</u>		
(13) OCCUPATION		(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:45 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MIDWIFE

GADSDEN

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6/30, 1916(28) J. J. Smith

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia