

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9989

Registered No. 46
(For use of Local Registrar)

Registration District No. 401
 (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Ruth Breland

(3) BOY OR GIRL

girl

(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

Apr 15 1922
(Month) (Day) (Year)

FATHER

(8) FULL NAME

Waddell Breland

(9) PRESENT POSTOFFICE OF FATHER

Olas Se

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

29

(12) BIRTHPLACE

Se

(13) OCCUPATION

farming

(14) Number of children born to mother, including present birth

15

MOTHER

(14) NAME BEFORE MARRIAGE

Hattie Walker

(15) PRESENT POSTOFFICE OF MOTHER

Olas Se

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

26

(18) BIRTHPLACE

Se

(19) OCCUPATION

farm laborer

(20) 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 born alive on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

America Rivers

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Olas Se

Given name added from a supplemental report.

(26) Witness

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

(27) Date

Apr 21 1922 J. C. Bennett
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.