

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

(1) PLACE OF BIRTH

County of Greenville S.C.

Township of

or

Inc. Town of

or

City of Greenville S.C. 228 Mulberry St.

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

Registration District No. 22 A Registered No. 235

(For use of Local Registrar)

(2) Full Name of Child Mary Aline Rude

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH June 13 1916

(Name of Month) (Day) (Year)

(8) FULL NAME Albert F. Rude(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 39

(Years)

(12) BIRTHPLACE Huntington Mass(13) OCCUPATION Foreman Car Inspectors(20) Number of children born to mother, including present birth 5(14) NAME BEFORE MARRIAGE Mary Rollins(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 42

(Years)

(18) BIRTHPLACE Asheville N.C.(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, Mary Aline Rude, on the date above stated.(23) (Signature) Chas. Bates(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 849

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

(27) Filed June 17 1916(28) C. E. 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.

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CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only
64438

Registration District No. 22 A Registered No. 235
(For use of Local Registrar)

(2) Full Name of Child Mary Aline Rude { If child is not yet named, make supplemental report as directed

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(Name of Month) (Day) (Year)

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(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years) (18) BIRTHPLACE Asheville N.C. (19) OCCUPATION Housekeeper

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth Three

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BEN F. WYMAN, M.D.
STATE HEALTH OFFICER



W. L. PRESSLY, M.D. DUE WEST
R. W. HANCKEL, M.D. CHARLESTON
L. D. BOONE, M.D. AIKEN
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E. C. RHODES, COMP. GEN. COLUMBIA
T. C. CALLISON, ATTY. GEN. COLUMBIA
RUTH CHAMBERLIN, R.N. CHARLESTON
VIVIAN F. PLATT, P.H.G. CONWAY
C. L. BUSBEE, D.D.S. CONWAY
J. M. SMITH, M.D. GREENVILLE