

WRITING 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.

(1) PLACE OF BIRTH  
 County of Florence  
 Township of "  
 Inc. Town of "  
 or  
 City of Florence (No. 7 Prince Infirmary Ward 4)  
 (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  
46170

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

(3) <del>BOY OR</del> GIRL?	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets.</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 10, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert K. Rutledge</u>	(14) NAME BEFORE MARRIAGE <u>Louise Searlough</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Florence S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Florence S.C.</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>29</u> (Years)		
(12) BIRTHPLACE <u>Summerton S.C.</u>		(18) BIRTHPLACE <u>Bishopville</u>		
(13) OCCUPATION <u>Banker</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</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 Born alive 4 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.  
 (23) (Signature) J. M. Samuels, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report _____, 191____ _____ Registrar	(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Jan. 17, 1916</u> (28) <u>C. C. Craft, M.D.</u> 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.

\*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.