

(1) PLACE OF BIRTH
County of Greenville
Township of Greenville

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

File No. — For State Registrar Only
66409

Inc. Town of Registration District No. 4104 Registered No. 62
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2 Full Name of Child Rubie Anna Geddings If child is not yet named, make supplemental report as directed

3 BOY OR GIRL Girl 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH June 10, 1916
(Month) (Day) (Year)

FATHER
8 FULL NAME Dras Columbus Geddings
9 PRESENT POST OFFICE OF FATHER Findal S.C. R#1
10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 18 (Years)
12 BIRTHPLACE Greenville Co. S.C.
13 OCCUPATION Farmer
14 Number of children born to mother including present birth 1

MOTHER
14 NAME BEFORE MARRIAGE Dras Ella M. Scod
15 PRESENT POST OFFICE OF MOTHER Findal S.C. R#1
16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 18 (Years)
18 BIRTHPLACE Greenville Co. S.C.
19 OCCUPATION Housewife
20 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Findal on the date above stated. (How? M. or F. M.)

(23) (Signature) Miss Mary J. Osteen
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Findal S.C.

Given name added from a supplemental report
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Registrar

(26) Witness (Signature of witness necessary only when question 23 is signed by mark)
June 17, 1916 Atlas B. Mott
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.