

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.

State of Columbia.

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

File No.—For State Registrar Only
23306

(1) PLACE OF BIRTH
 County of *Greenberry*
 Township of *#1*
 Inc. or Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *3408* Registered No. *149*
 (No. St.; Ward)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child *Ruth Margaret*

(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 *July 13 1922*
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Wm. J. ...*
 (9) PRESENT POSTOFFICE OF FATHER *Greenberry*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *28* (Years)
 (12) BIRTHPLACE *S. C.*
 (13) OCCUPATION *Mill & ...*
 (14) NAME BEFORE MARRIAGE *Ruth Reynolds*
 (15) PRESENT POSTOFFICE OF MOTHER *Greenberry*
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *27* (Years)
 (18) BIRTHPLACE *S. C.*
 (19) OCCUPATION *Housewife*
 (20) Number of children born to mother, including present birth *2*
 (21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *Greenberry* (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) *[Signature]* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Greenberry*

Given name added from a supplemental report 191....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) *[Signature]*
 (27) Filed *July 11 1922* (28) *[Signature]* 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.

If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.