

UNITED STATES

OF BIRTH

THE CAROLINA
and Statistics
of Health

No. 3112

190

District No. 9 A Registered No. 190
(For use of Local Registrar)

Give name of same (instead of street and number.)
A. Rutledge, Jr.

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

DATE OF BIRTH Jan 23
(Month) (Day) (Year)

MOTHER

(14) NAME BEFORE MARRIAGE Emma Serena Myers

(16) PRESENT ADDRESS OF MOTHER 159 B Rutledge Ln

(18) COLOR White (17) AGE AT LAST BIRTH 27

(15) BIRTHPLACE SC

(16) OCCUPATION

Housewife

(17) Number of children of this mother now living, including present birth 2

ATTENDING PHYSICIAN OR MIDWIFE

Birth of this child, who was. Born alive 3:15 PM
(Born) (Dead or stillborn) (Hour A. M. or P. M.)

(Signature) J. A. Wilson

(18) Address of Physician or Midwife

Physician

(19) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(20) Filed 27 1900 (21) Local Registrar

When a physician or midwife, then the father, householder, etc., should make this return. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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