

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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA		42826	
Township of <u>South Springs</u>		Bureau of Vital Statistics			
City of		State Board of Health			
Registration District No. <u>44000</u>		Registered No. <u>73</u>		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)			
(2) Full Name of Child <u>Ruby Lee Fragin</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>2nd</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 15, 1923</u>	
To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)			
FATHER.			MOTHER.		
(8) FULL NAME <u>W. L. Fragin</u>			(14) NAME BEFORE MARRIAGE <u>Annie May Hays</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u>			(17) AGE AT LAST BIRTHDAY <u>20</u>		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>11:00 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>D. F. Hightson M.D.</u>					
(24) State whether Physician or Midwife <u>Phys</u>					
(25) Address of Physician or Midwife <u>Acadia, S.C.</u>					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Nov 1, 1923</u> (28) <u>E. O. Moore</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.					
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