

(1) PLACE OF BIRTH

County of UnionTownship of Cross KeysInc. Town of O.C.

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66507

Registration District No. 4200 Registered No. 27

(For use of Local Registrar)

(No. 1 St.; 1 Ward)(2) Full Name of Child Ruby Virginia Poole If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? — (5) Number in order of birth 5th (6) Are Parents Married? Yes (7) DATE OF BIRTH June 2 1916

FATHER.

(8) FULL NAME Judson Gibbs Poole(9) PRESENT POSTOFFICE OF FATHER Union Route # 2.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Spartanburg County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Miss May Honor(15) PRESENT POSTOFFICE OF MOTHER Union Route # 2.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Spartanburg County(19) OCCUPATION Farmer's wife(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. H. W. Parkman(24) Whether Physician or Midwife (25) Address of Physician or Midwife Cross Keys

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 1916 (28) Dr. M. W. M. M. 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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