

(1) PLACE OF BIRTH

County of

Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64896

Township of

or

Inc. Town of

or

City of

*Camden*Registration District No. *279*Registered No. *34*

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(No. *1212 Campbell* St.; *3* Ward)

(2) Full Name of Child

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

(3) <input checked="" type="checkbox"/> BOY <input type="checkbox"/> GIRL	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>June 12, 1916</i> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME			(14) NAME BEFORE MARRIAGE <i>Ruth Starkland</i>	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <i>Camden SC</i>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY <small>(Years)</small>	(16) COLOR OR RACE <i>Colored</i>	(17) AGE AT LAST BIRTHDAY <i>27</i> <small>(Years)</small>	
(12) BIRTHPLACE			(18) BIRTHPLACE <i>Camden SC</i>	
(13) OCCUPATION			(19) OCCUPATION <i>Washerwoman</i>	
(20) Number of children born to mother, including present birth <i>Four</i>			(21) Number of children of this mother now living, including present birth <i>Two</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* *3:45 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. H. C. C. C.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Camden SC

Given name added from a supplemental report

191

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed *6/19/16*

(28)

Local Registrar

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.

McDaw of Columbia.

*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.