

(1) PLACE OF BIRTH  
 County of Newberry  
 Township of No. 2-  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
86710

Registration District No. 3400 Registered No. 38  
 (For use of Local Registrar)

(2) Full Name of Child David Calvin Ruff } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 29 1966  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME David M. L. Ruff  
 (9) PRESENT POSTOFFICE OF FATHER Newberry S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 55 (Years)  
 (12) BIRTHPLACE Newberry S.C.  
 (13) OCCUPATION Farm Laborer  
 (14) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Alma E. Ruff  
 (15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years)  
 (18) BIRTHPLACE Newberry S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alma at 2 midnight M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adeline Ruff (25) Address of Physician or Midwife

(24) State whether Physician or Midwife Midwife Newberry S.C.

Given name added from a supplemental report

(26) Witness E. H. Moore (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 8 1966 (28) E. H. Moore 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.

MARGIN RESERVED FOR BINDING.  
 WHITE PLAINLY, WITH INKING 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.  
 McCaw of Columbia