

Form No. 1

(1) PLACE OF BIRTH

County of Laurens
 Township of Hamlet
 OF
 Inc. Town of.....
 OF
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only

41336

Registration District No. a2902 Registered No. 119
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ruby Lee Vance If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Was mother married yes (7) DATE OF BIRTH Dec. 7, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Douglas Vance
 (9) PRESENT POSTOFFICE OF FATHER Clinton, Mo.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33
 (12) BIRTHPLACE Mo.
 (13) OCCUPATION Iron laborer
 (14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Barrie Duckett
 (16) PRESENT POSTOFFICE OF MOTHER Clinton, Mo.
 (17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 31
 (19) BIRTHPLACE Mo.
 (20) OCCUPATION Day laborer
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:00 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ruby Lee Vance
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton, Mo.

Given name added from a supplemental report

(26) Witness Mrs. J. H. Bailey
 (Signature of Witness necessary only when question 23 is signed by marks)

(27) Filed Dec. 31, 1923 (28) Sub. 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.

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., WHEN THERE WAS NO ATTENDING PHYSICIAN OR MIDWIFE. 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.