

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of
 or
 City of Spartanburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20235

Registration District No. 4008 Registered No. 162
 (For use of Local Registrar)

(No. R1 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 Martha Louise Rehuff If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? girl
 (4) Twin or Triplet? No
 (5) Number in order of birth 1
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes
 (7) DATE OF BIRTH Apr 16 1922
 (Name of Month Day Year)

FATHER.

(8) FULL NAME Eber Rehuff
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg R156
 (10) COLOR OR RACE white
 (11) AGE AT LAST BIRTHDAY 35
 (12) BIRTHPLACE S.C.

MOTHER.

(14) NAME BEFORE MARRIAGE Ruby Tate
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg R156
 (16) COLOR OR RACE white
 (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION housewife

(20) OCCUPATION Farmer

(21) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 1/2 M., on the date above stated.
 (Normal live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Chapman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Whitney S.C.

Never answer added from a supplemental report

(26) Witness

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

(27) Filed 4-15-22 (28) W. H. Chapman Local Registrar

When last was attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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ALABAMA BUREAU OF PUBLIC HEALTH
 WHEN COMPLETING THIS CERTIFICATE, THE REGISTRAR OR HIS DEPUTY SHALL SIGN AND SEAL THE SAME.
 IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Bureau of Public Health, at the City of Montgomery, Alabama, this 15th day of April, 1922.