

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Charleston STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
Township of " " State Board of Health  
OR  
Inc. Town of " " Registration District No. 191

File No.—For State Registrar Only

76036

City of Charleston (No. 43 Street) 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 Elizabeth Ruth } 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? \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 28 1916  
To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER  
(8) FULL NAME Cross F Ruth  
(9) PRESENT POSTOFFICE OF FATHER 43 Sisco St  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)  
(12) BIRTHPLACE Charleston  
(13) OCCUPATION Bookkeeper  
(20) Number of children born to mother, including present birth 6

MOTHER Coste  
(14) NAME BEFORE MARRIAGE Gertrude Silliman  
(15) PRESENT POSTOFFICE OF MOTHER 43 Sisco St  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)  
(18) BIRTHPLACE Charleston  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 PM on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chapel

Given name added from a supplemental report off.  
7-7-, 1916  
J.P.L.  
Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 9/29 1916 \_\_\_\_\_ Local Registrar.

\*When there was no attending physician or midwife, then the father, household head, or other person should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired if at births before the fifth month of pregnancy.