

Form No. 1

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

File No.—For State Registrar Only
91509

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

Registration District No.

Registered No.

(For use of Local Registrar)

St.: ... (Ward)

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

(2) Full Name of Child

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

382

(6) Are Parents Married?

no

(7) DATE OF BIRTH

Dec. 4, 1916

(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

Walter Rulthard

(9) PRESENT POSTOFFICE OF FATHER

715 assembly st

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Newberry S.C.

(13) OCCUPATION

mill work

(14) NAME BEFORE MARRIAGE

Josephine Haymes

(15) PRESENT POSTOFFICE OF MOTHER

1329 Blanton St

(16) COLOR OR RACE

Colored

(18) BIRTHPLACE

Crestview S.C.

(19) OCCUPATION

Wash Woman

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... at ... (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret Large

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

1417 Blanton St

Given name added from a supplemental report

(26) Witness

Betty Haymes

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

(27) Filed

12/18/16

(28) 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.