

MASSAGE REMOVED FOR REASONING
 WATER FLAINTLY, WITH UNIFORMING DIS- 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 2.
 See also Instructions, Columns 2 & 3.

(1) PLACE OF BIRTH

County of Bamberg

Township of

Inc. Town of Bamberg

City of

(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

No. 31686

Registration District No. 4a

Registered No. 47
 (For use of Local Registrar)

(2) Full Name of Child Ruth Fadgett

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

(3) SEX OF CHILD girl (4) Time or Ticks 4:45 (5) Number in order of birth 1st (6) DATE OF BIRTH Nov 18, 1923
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME American Fadgett

(8) PRESENT RESIDENCE OF FATHER Bamberg

(9) COLOR white (10) AGE AT LAST BIRTHDAY 24
 (Name) (Year)

(11) BIRTHPLACE Bamberg

(12) OCCUPATION Callon Truck & Carriage

(13) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Cheevers

(15) PRESENT RESIDENCE OF MOTHER Bamberg

(16) COLOR white (17) AGE AT LAST BIRTHDAY 18
 (Name) (Year)

(18) BIRTHPLACE Bamberg

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 1:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. H. H. H.

(23) State whether Physician or Midwife Physician

(24) Address of Physician or Midwife Bamberg

Given name added from a supplemental report

(25) Witness 1

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

(26) Filed 11/28/23 (27) John H. H.

When there was no attending physician or midwife, then the father, householder, etc., should make report if a child breathes even once. It must not be reported as stillborn. No report is desired of a child before the fifth month of pregnancy.