

MAKE SURE THIS IS A PERMANENT RECORD  
 WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 IN THE 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 5.

<b>(1) PLACE OF BIRTH</b> County of <u>Starendon</u> Township of <u>St. Marks</u> or Inc. Town of ..... or City of ..... (No. .... St.; ..... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">866</div>
<b>(2) Full Name of Child</b> <u>Ruby Pendergrass</u>		Registration District No. <u>1310</u> Registered No. <u>3</u> (For use of Local Registrar)		(If child is not yet named, make supplemental report as directed)
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 16 22</u> (Give of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>Benjamin Pendergrass</u> (9) PRESENT POSTOFFICE OF FATHER <u>Forreston, W.</u> (10) COLOR OR RACE <u>Black</u> (11) AGE AT LAST BIRTHDAY <u>22</u> (Year) (12) BIRTHPLACE <u>W.</u> (13) OCCUPATION <u>Farming</u> (20) Number of children born to father, including present birth <u>1</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Mary Todd</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Forreston, W.</u> (16) COLOR OR RACE <u>Black</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (Year) (18) BIRTHPLACE <u>W.</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>				
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>12 midday</u> M. on the date above stated. (Give alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>Rachell Spawille</u> (24) State whether Physician or Midwife <u>M. M.</u> (25) Address of Physician or Midwife <u>Stacyville, W.</u>				
Given name added from a supplemental report		(26) Witness <u>T. P. Henth</u> (Signature of Witness necessary only when question 22 is signed by mark) (27) Filed <u>Jan 21 1922</u> (28) <u>T. P. Henth</u> 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.				

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