

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 10.—For State Register Only	
County of <u>Richmond</u>		STATE OF SOUTH CAROLINA		20684	
Township of <u>Second</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>104</u>		Registered No. <u>50</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Ruth</u>		If child is not yet named, make supplemental report as directed			
(3) SEX OF CHILD <u>Girl</u>	(4) Type of Infant <u>It is carried by its mother or father</u>	(5) Number in order of birth	(6) Age of Mother <u>23</u>	(7) DATE OF BIRTH <u>Oct 9 1923</u>	(8) (Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(9) FULL NAME <u>Engene A. Tulliver</u>			(14) NAME BEFORE MARRIAGE <u>Marion B. Wilford</u>		
(10) PRESENT RESIDENCE OF FATHER <u>Yorkville</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Yorkville</u>		
(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u>	(18) COLOR OR RACE <u>White</u>	(19) AGE AT LAST BIRTHDAY <u>37</u>		
(20) BIRTHPLACE <u>SC</u>			(21) BIRTHPLACE <u>SC</u>		
(22) OCCUPATION <u>Merchant and Banker</u>			(23) OCCUPATION <u>House Wife</u>		
(24) Number of children born to mother, including present birth <u>13</u>			(25) Number of children of this mother now living, including present birth <u>13</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(27) (Signature) J. H. Henderson(28) State whether Physician or Midwife Physician(29) Address of Physician or Midwife Yorkville

Given name added from a supplemental report

(30) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(31) Filed 11/1/23 10 2.3 (32) J. M. Patterson 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.

(33) Registrar J. M. Patterson (34) Filed 11/1/23 10 2.3 (35) J. M. Patterson 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.