(1) PLACE OF BIRTH

County of Orangeburg

Township of Willow

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
8133

Registration District No. 3618 Registered No. 15
(For use of Local Registrar)

(No. ..... 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 Boyd Hogue Ruiland (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD: Boy

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 7 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Calvin R. Ruiland

(9) PRESENT POSTOFFICE OF FATHER Norway SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Wilhelmina Wilson

(15) PRESENT POSTOFFICE OF MOTHER Norway SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) C W Horton M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Norway SC

Given name added from a supplemental report

..... 19 .... Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 15 1923 (28) J. A. Price 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.