

WRITE PLAINLY, WITH UNFADING INK—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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Spartanburg</u>		STATE OF SOUTH CAROLINA.		83576	
Township of <u>W. Ruff</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
or City of		Registration District No. <u>4009</u>		Registered No. <u>141</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)			
(2) Full Name of Child <u>Ruth Vowen</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Oct. 4, 1916</u>	
		To be answered only in case of Twins or Triplets	<u>Yes</u>	(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Alexander Vowen</u>			(14) NAME BEFORE MARRIAGE <u>Minnie Phillips</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Woodruff St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Woodruff St</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>44</u>	(Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>22</u>	(Years)
(12) BIRTHPLACE <u>Spartanburg Co</u>			(18) BIRTHPLACE <u>Spartanburg Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House keeper</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>5:36 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>H. H. Workman</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Woodruff St</u>					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>11/10</u> 1916. (28) <u>W. L. B. Jr.</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.