

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

Registration District No. 4204 Registered No. 5-5-

(For use of Local Registrar)

File No.—For State Registrar Only

24196

(2) Full Name of Child

Virginia Ruth Long

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

(3) SEX
GIRL?(4) Twin
or Triplet? L(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married? X(7) DATE OF
BIRTH June 20, 1922
(Same of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEHenry W. Long(9) PRESENT
POSTOFFICE
OF FATHERJamison, S.C.(10) COLOR
OR
RACEW(11) AGE AT LAST
BIRTHDAY 25
(Years)

(12) BIRTHPLACE

Windsor, S.C.

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth2

MOTHER.

(14) NAME BEFORE
MARRIAGERuth P. Ruby(15) PRESENT
POSTOFFICE
OF MOTHERJamison, S.C.(16) COLOR
OR
RACEW(17) AGE AT LAST
BIRTHDAY 28
(Years)

(18) BIRTHPLACE

W.C.

(19) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4/10 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Ph. Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed 19

(28) Geo. L. Mann
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.

Registrar

Local Registrar.

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