

Form No. 1

(1) PLACE OF BIRTH

County of Silton
 Township of Manning
 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

34102

Registration District No. 1605 Registered No. 109
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of instead of street and number.)

(2) Full Name of Child Hattie Frances Ruedy Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 11, 1922
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Lloyd Ruedy</u>	(14) NAME BEFORE MARRIAGE <u>Maggie Birch</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Silton S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Silton S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Year)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>Silton S.C.</u>	(13) OCCUPATION <u>Public work</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Hagen
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Silton S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 30, 1922 (28) B. G. Williams 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.