

(1) PLACE OF BIRTH

County of MadisonTownship of Highway

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ruby Gleeper

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME E. G. Gleeper(14) NAME BEFORE MARRIAGE W. H. Gleeper(9) PRESENT POSTOFFICE OF FATHER Chocoma(15) PRESENT POSTOFFICE OF MOTHER Chocoma(10) COLOR OR RACE Col.(11) AGE AT LAST BIRTHDAY 21 (Years)(16) COLOR OR RACE Col.(17) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE Highway(18) BIRTHPLACE Highway(13) OCCUPATION Farmer(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 12(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at Chocoma on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Gleeper(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Chocoma

Given name added from a supplemental report

(26) Witness W. H. Gleeper

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

(27) Filed Dec 21 22

(28)

W. H. Gleeper 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 MCCAW OF COLUMBIA, COLUMBIA, S. C.

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

File No.—For State Registrar Only
43765

Registration District No. 3304 Registered No. 1150
 (For use of Local Registrar)

(No. St.; Ward)
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