

(1) PLACE OF BIRTH  
County of *Rutherford*  
Township of *Tay*  
Inc. Town of .....  
or  
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

File No.—For State Register Only

1254

Registration District No. *360* Registered No. *479*  
(For use of Local Registrars)

St. .... Ward) (No. ....  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child *Eddie Rutherford*

(3) DAY *20* (4) TIME *6* (5) Number in  
order of birth *1/1*  
To be answered only in event of Twins or Triplets

(6) AGE *Years* (7) DATE OF  
BIRTH *Oct 20, 1943*  
(Name of Month) (Day) (Year)

(8) FULL NAME *John Rutherford*

(9) PRESENT  
POSTOFFICE  
OF FATHER *Brune*

(10) COLOR  
OR  
RACE *Col.*

(11) AGE AT LAST  
BIRTHDAY *49*

(12) BIRTHPLACE *SC*

(13) OCCUPATION *farmer*

(20) Number of children born to  
mother, including present birth *1/11*

(14) NAME BEFORE  
MARRIAGE *Jane Pearson*

(15) PRESENT  
POSTOFFICE  
OF MOTHER *Brune*

(16) COLOR  
OR  
RACE *Col.*

(17) AGE AT LAST  
BIRTHDAY *37*

(18) BIRTHPLACE *SC*

(19) OCCUPATION *housewife*

(21) Number of children of this mother  
now living, including present birth *9*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *8:00 P.M.*  
on the date above stated. (Born alive or stillborn) (Hour P.M. or P.M.)

(23) (Signature) *Alice Brune*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Brune*

Given name added from a supplemental report

(26) Witness

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

(27) Signature *J.C. Slay* (28) 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 *J.C. Slay* LOCAL REGISTRAR *J.C. Slay*  
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