

ALL OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Law. of Columbia.

(1) PLACE OF BIRTH

County of Abbeville
Township of Maguolia
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
62821

Registration District No. 109 Registered No. 60
(For use of Local Registrar)
St.; Ward

(2) Full Name of Child. Eda Isaac Rucker { 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? (7) DATE OF BIRTH June 17 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Eda Rucker
(15) PRESENT POSTOFFICE OF MOTHER Calhoun Falls, S.C.
(16) COLOR OR RACE Neger (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Edbert Co. Ga
(19) OCCUPATION House maid
(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Anna X. Bryant
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 24 1916 (28) F. L. Vance 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.

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