

(1) PLACE OF BIRTH

County of Greenville
 Township of Beech
 or
 Inc. Town of
 or
 City of

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

No. for State Register Only
30129

Registration District No. 40

Registered No. 149
 (For use of Local Registrar)

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

(2) Full Name of Child Ruby M. Cline If 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. 2, 1923
 (Name of Month) (Day) (Year)

FATHER

8) FULL NAME Ruby M. Cline
 9) PRESENT POSTOFFICE OF FATHER Greenville
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 22
 12) BIRTHPLACE NC.

13) OCCUPATION Housewife

20) Number of children born to mother, including present birth 2

MOTHER

14) NAME BEFORE MARRIAGE Annie Andrews
 15) PRESENT POSTOFFICE OF MOTHER Greenville
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 22
 18) BIRTHPLACE NC.

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:45 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Cline (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Liberty St.

Given name added from a supplemental report

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

(27) Filed Oct. 1, 1923 (28) C. H. Cline 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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