

(1) PLACE OF BIRTH

County of Pickens
 Township of Duncanville

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.)

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

File No.—For State Registrar Only

18804

Registration District No. 3701

Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Ruby Ellen Hayes

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

(3) SEX

(4) Twin or Triplet?

(5) Number in order of birth

(6) AGE

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

(14) NAME BEFORE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 455 P M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(22) (Signature)

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

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed

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(27)

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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