

PLACE OF BIRTH

County of _____
 Township of _____
 OR
 Inc. Town of _____
 or
 City of _____

Standard Certificate of Birth
 STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
 State Board of Health
 Registration District No. _____

FILE No.—For State Registrar Only

23320-A

Registered No. _____
 (For use of Local Registrar)

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

1. FULL NAME OF CHILD Mary Ruth Warbright If child is not yet named, make supplemental report as directed.

2. Sex Girl 3. Date of birth July 23, 1922
 (Month, Day, year)

4. Twin, triplet, or other no 5. Number, in order of birth 30 6. Premature no 7. Are Parents Married? yes

8. Full maiden name Mattie Nell Bolt MOTHER

9. Residence (usual place of abode) SC 19. Residence (usual place of abode) (If non-resident, give place and State) SC

10. Color or race W. 12. Age at last birthday 27 (Years) 20. Color or race W. 21. Age at last birthday 77 (Years)

11. Birthplace (city or place) (State or country) Greene Co. 22. Birthplace (city or place) (State or country) Greene Co.

13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. 70'

14. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

15. Date (month and year) last engaged in this work _____ 19____ 17. Total time (years) spent in this work _____ 19____ 25. Date (month and year) last engaged in this work _____ 19____ 26. Total time (years) spent in this work _____

16. Number of children of this mother At time of birth and including this child) / (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

18. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:00 m. on the date above stated.
 (Born alive or stillborn)

(Signed) [Signature] M.D.

or [Signature] Midwife

Address [Address]
 Filed _____, 19____ Registrar _____

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Name added from _____ (Date of) _____
 Registrar _____