CERTIFICATE OF BIRTH

File No. 4446

(1) Place of Birth: County of Marlboro; Township of Mergner; or Town of ...; or City of ...; Registration District No. 10; Registered No. 41; (For use of Local Registrar)

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

(2) Full Name of Child ... 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 Parents Married?	(7) DATE OF BIRTH (Month) (Day) (Year)
girl	X	1	2y	Sept 23 23

FATHER

(8) FULL NAME: Fitzhugh Rupp

(9) PRESENT POSTOFFICE OF FATHER: Effingy S.C. RF

(10) COLOR OR RACE: White; (11) AGE AT LAST BIRTHDAY (Years): 24

(12) BIRTHPLACE: S.C.

(13) OCCUPATION: Farmer

(14) Number of children born to mother, including present birth: 7

MOTHER

(15) MAIDEN NAME: Della Harris

(16) PRESENT POSTOFFICE OF MOTHER: Effingy S.C. RF

(17) COLOR OR RACE: White; (18) AGE AT LAST BIRTHDAY (Years): 24

(19) BIRTHPLACE: N.C.

(20) OCCUPATION: House wife

(21) Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive/stillborn at 4 a. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) ...

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

Physician; Mergner S.C.

Given name added from a supplemental report ... 192...

... Registrar

(26) Witness ... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed ... 5 13 24 (28) B. G. Anderson 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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