

(1) PLACE OF BIRTH

County of CharlestonTownship of CharlestonInc. Town of CharlestonCity of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

10297

Registration District No. 95Registered No. 587

(For use of Local Registrar)

(No. 181 Westabath St. Ward)(2) Full Name of Child Beatrice Ruth

(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 yes(7) DATE OF BIRTH Dec 13, 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Andrew Ruth(9) PRESENT POSTOFFICE OF FATHER Charleston(11) AGE AT LAST BIRTHDAY 39

(Year)

(12) BIRTHPLACE Charleston(13) OCCUPATION superintendent

MOTHER

(14) NAME BEFORE MARRIAGE Eliza Wright(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 36

(Year)

(18) BIRTHPLACE Charleston(19) OCCUPATION Domestic(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 at 12:30 P.M. on the date above stated. (Born live or stillborn) (Hour - M. or P. M.)(23) (Signature) Alma B. B. B.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 115 Short St.

Given, name, called, from, or supplied, (at report)

(26) Witness

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

(27) Date 4/18/23(28) Signature of Registrar J. Mercer

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.