

## (1) PLACE OF BIRTH

County of

Township of

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

Registration District No. 3901B

File No. — For State Registrar Only  
79034

Registered No. 5-8

(For use of Local Registrar)

## (2) Full Name of Child

Mary Rutland

(3) BOY or GIRL

(4) Twin or Triplet?

(5) Number in order of birth

5

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug 9th 1916

(Name of Month) (Day) (Year)

(8) FULL NAME

Anthony Rutland

(9) PRESENT POSTOFFICE OF FATHER

Leesville SC

(10) COLOR OF FACE

Colored

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Johnson SC

(13) OCCUPATION

Farmer &amp; Laborer

(14) NAME BEFORE MARRIAGE

Mary Barr

(15) PRESENT POSTOFFICE OF MOTHER

Leesville SC

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

Edgfield SC

(19) OCCUPATION

House wife

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

5

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 10- P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) W. A. Tule

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Leesville S.C.

Given name added from a supplemental report

1916

Registrar

(26) Witness

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

(27) Filed

Aug 9, 1916

(28)

E. T. Etheredge

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.