

(1) PLACE OF BIRTH

County of Florence
Township of Lake

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

52183

Inc. Town of or
City of (No. St.; Ward)
if birth occurs in a hospital or other institution, give name of same instead of street and number.Registration District No. 2009 Registered No. 27
(For use of Local Registrar)(2) Full Name of Child. Rubin Purket } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH March 31 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Allen Purket(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Ship Carpenter

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

MOTHER.

(14) NAME BEFORE MARRIAGE Paul Jenkins(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Cook

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Vine James

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

Midwife Spartanburg S.C.

Given name added from a supplemental report

....., 191....

Registral

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

(27) Filed 3/31 1916 (28) W. L. Carter 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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