

## (1) PLACE OF BIRTH

County of SaludaTownship of # 2or  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3901

File No.—For State Registrar Only

11914

Registered No. 37  
(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.)(2) Full Name of Child Ruffian Sant Padgett If child is not yet named, make supplemental report as directed(3) SEX OR yes (4) Type or Figure (5) Number in order of birth (6) Age at birth (7) DATE OF BIRTH Mar 2 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Ruffian Padgett</u>	(14) NAME BEFORE MARRIAGE <u>bleora. Gantt</u>	(9) PRESENT RESIDENCE OF FATHER <u>Batesburg.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Batesburg.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Year)
(12) BIRTHPLACE <u>Saluda Co</u>	(18) OCCUPATION <u>Farming</u>	(19) BIRTHPLACE <u>Lexington Co</u>	(20) OCCUPATION <u>Housewife.</u>
(21) Number of children born to mother, including present birth <u>1 2</u>	(22) Number of children of this mother now living, including present birth <u>1 2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 4 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) H. M. Croason

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife Lexville

Give name added from a supplemental report

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

(28) Filed May 12 23 (29) Mrs. J. B. Croason 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.