

## (1) PLACE OF BIRTH

County of LikenTownship of Greggor  
Inc. Town of Granitevilleor  
City of Graniteville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20678

Registration District No. 20Registered No. 20  
(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 Myrtle Ruth Wise If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 18, 1922  
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Burley Hope Wise MOTHER. Ruth Alberta Dumbley(9) PRESENT POSTOFFICE OF FATHER Graniteville, S.C. (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (12) BIRTHPLACE Graniteville, S.C. (13) OCCUPATION Electrician(14) NAME BEFORE MARRIAGE Ruth Alberta Dumbley (15) PRESENT POSTOFFICE OF MOTHER Graniteville, S.C. (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (18) BIRTHPLACE Edgefield, S.C. (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 12 (21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3:15 A.M. on the date above stated. (Born alive or stillborn) Hour & M. or P. M.(23) (Signature) W. H. Turnbull, R.S.M.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Graniteville, S.C.

Given name added from a supplemental report

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

(27) Filed July 19, 1923 (28) Local Registrar. W. H. Turnbull, R.S.M.

\*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.

Registrar

Local Registrar.

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