

(1) PLACE OF BIRTH

County of

Township of

Inn. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Ruth ThompsonFile No.—For State Register Only
30266

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4.A.R.S. Registered No. 246(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 6 23

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 33

(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION

Cottonmill Operator(14) Number of children born to mother, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 4 4(23) (Signature) W. H. Chapman(24) State whether Physician or Midwife (25) Address of Physician or Midwife Whitney SC

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 25 is signed by Mark)

(27) Filed Sept. 13 1923 (28) Mrs. C. F. Parker 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.