

(1) PLACE OF BIRTH

County of Audun

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.)

(2) Full Name of Child Jessie Anna Ruel

File No.—For State Registrar Only

28663

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3ARegistered No. 362

(For use of Local Registrar)

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Aug 7 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Walter Ruel

(9) PRESENT POSTOFFICE OF FATHER

Audun SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE

Anderson Co

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Marquie Marchant

(15) PRESENT POSTOFFICE OF MOTHER

Audun SC

(16) COLOR OR RACE

Wh

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Greenville Co

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... at 11:30 A.M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State Registrar Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19(28) J. B. CRAYTON 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 to be made before the fifth month of pregnancy.

Before the fifth month of pregnancy.