

(1) PLACE OF BIRTH

County of *Edgefield*Township of *H. 2*

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12607

Registration District No. 3901

Registered No. 129

(For use of Local Registrar)

(2) Full Name of Child

Rose Green

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *girl* (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married *yes* (7) DATE OF BIRTH *7-13-23*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *L. J. Rutland*(9) PRESENT POSTOFFICE OF FATHER *Ridge Spring S.C.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *34*
(Year)(12) BIRTHPLACE *Edgefield Co. S.C.*(13) OCCUPATION *farmer*(20) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Hattie Rutland*(15) PRESENT POSTOFFICE OF MOTHER *Ridge Spring S.C.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *20*
(Year)(18) BIRTHPLACE *Anderson Co. S.C.*(19) OCCUPATION *housewife*

(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 *Rose Green* at *6 P. M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. S. Crouch*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Ridge Spring*

(26) Name added from a supplemental report

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

(28) Filed *Jan 9 1924* (29) *Mr. J. S. Crouch* 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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