

Form No 1.

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town ofor
City of Rock Hill

(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

54128

Registration District No. 44B Registered No. 579

(For use of Local Registrar)

(2) Full Name of Child Martha Anderson Ruesch If child not yet named, make a 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 Mar 23 1916

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Geo. R. Russell(9) PRESENT POSTOFFICE OF FATHER Rock Hill SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE SC.(13) OCCUPATION Steam Fitter(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Whoney(15) PRESENT POSTOFFICE OF MOTHER Rock Hill SC.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE SC.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 17 1916 at Rock Hill SC. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. R. MacArthur(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Rock Hill SC.

Given name added from a supplemental report

not 3 1916W. R. MacArthur Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by marks)

(27) Filed 4/8/1916 (28) J. R. Miller 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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
MARGIN RESERVED FOR BINDING.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.