

File No.—For State Registrar Only

31478

**Bureau of Vital Statistics  
State Board of Health**

-Registration District No..... Registered No. 1417

Registered NO. 7  
(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.)

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

(1) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets		yes	8/18/22
				(Name of Month) (Day) (Year)

# FATHER

# MOTHER

10 FULL NAME Henry Grady Ruston (14) NAME BEFORE MARRIAGE Willie Mae R.D.

14. PRESENT POSTOFFICE OF FATHER Atlanta Ga

(15) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *21* (Years) (16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *19* (Years)

172	BIRTHPLACE	Uvalde, Texas
173	BIRTHPLACE	Uvalde, Texas

13) OCCUPATION Student 14) OCCUPATION Student

53	Number of children born to mother, including present birth	1	(71)	Number of children of this mother	1
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was... Alive ... at... 7:15 ... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. S. Swain AF

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplemental report

(28) Witness .....

(Signature of Witness necessary only  
when question 32 is signed by mark)

(27) Filed Sept 23 1977 (28) Alvin Lee

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.