

Form No. 3

## (1) PLACE OF BIRTH

County of Flame SC

Township of .....

or Town of Flame SC

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

No. for State Registrar only

24397

Registration District No. 2-A-A Registered No. 246

(For use of Local Registrar)

(2) Full Name of Child Berseldine Ruston Hare If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>girl</u>	(2) Twin or Triplet <u>-</u>	(3) Number in order of birth <u>-</u>	(4) Are Parents Married <u>yes</u>	(5) DATE OF BIRTH <u>Aug 16 1923</u>
To be answered only in case of Twin or Triplet				(Name of Month) (Day) (Year)

FATHER		MOTHER	
(6) FULL NAME <u>O. G. Hare</u>	(14) NAME BEFORE MARRIAGE <u>John Lou Ruston</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Flame SC</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Flame SC</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>	(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>
(12) BIRTHPLACE <u>SC</u>		(12) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Life Ins. Agt</u>		(13) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was white at 11:45 A.M. on the date above stated. (Name alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John H. Howell(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Flame SC

(26) Given name added from a supplemental report

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

(27) Filed Aug 27 1923 P. H. Prichard

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Revised Columbia, Columbia, S. C.