

WRITE PLAINLY, WITH AN EXPANDING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc. in question 1.

(1) PLACE OF BIRTH

County of
Township of
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
21666

Registration District No. 2923 Registered No. 33
(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.)

(2) Full Name of Child Theresa Ruth Quiller If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 19 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Rufus Quiller</u>	(14) NAME BEFORE MARRIAGE <u>Mattie Vida Moten</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Pittsburg Pa</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Clinton, S.C.</u>			
(10) COLOR OR RACE <u>Br</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(16) COLOR OR RACE <u>Br</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Year)	
12. BIRTHPLACE <u>SC</u>		16. BIRTHPLACE <u>SC</u>		
13. OCCUPATION <u>Day Laborer</u>		18. OCCUPATION <u>Farm mfg</u>		
20. Number of children born to mother, including present birth <u>1 2</u>		21. Number of children of this mother now living, including present birth <u>1 2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Marie J. ...
(24) State whether 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 mother)

(27) Filed July 23 1923 (28) 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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