

(1) PLACE OF BIRTH

County of Anderson
 Township of St. Lawrence
 or
 Inc. Town of
 or
 City of

(If birth occurs in a hospital)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20949

Registration District No. 308Registered No. 13
(For use of Local Registrar)(No. St.; Ward)
(Institution, give name of same instead of street and number.)(2) Full Name of Child Marshall Burton Rucworth If child is not yet named, make supplemental report as directed

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? <u>1</u> To be answered only in event of Twins or Triplets	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH (Name of Month) <u>May</u> (Day) <u>20</u> (Year) <u>1922</u>
FATHER		MOTHER		
8. FULL NAME <u>Wm. Oscar Russell Rucworth</u>		14. NAME BEFORE MARRIAGE <u>Mary Welborne</u>		
9. PRESENT POSTOFFICE OF FATHER <u>Anderson R.F.D. #1</u>		15. PRESENT POSTOFFICE OF MOTHER <u>Anderson R.F.D. #1</u>		
10. COLOR OR RACE <u>W</u>	11. AGE AT LAST BIRTHDAY (Years)	16. COLOR OR RACE <u>W</u>	17. AGE AT LAST BIRTHDAY (Years)	
12. BIRTHPLACE <u>Anderson Co S.C.</u>		18. BIRTHPLACE <u>Anderson Co</u>		
13. OCCUPATION <u>Farmer</u>		19. OCCUPATION <u>Housewife</u>		
20. Number of children born to mother, including present birth <u>VII</u>		21. Number of children of this mother now living, including present birth <u>VII</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:15 P.M., on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))

(23) (Signature) Alfred V. Pruitt(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

See affidavit
10/13/22 M. A. W.
 Registrar

(26) Witness

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

(27) Filed Aug 10 1923(28) M. A. W. 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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IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THE OTHER, NO. 2, etc., in question 5.

MCGRAW HILL, COLUMBIA, S. C.