

(1) PLACE OF BIRTH

County of AikenTownship of Windsor

Inc. Town of

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 HealthFile No. - For State Registrar Only
26893Registration District No. 216 Registered No. 47
(For use of Local Registrar)(2) Full Name of Child E. Estelle Rutland If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 23, 1923
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Charley Rutland MOTHER. (14) NAME BEFORE MARRIAGE Maggie Simpson(9) PRESENT POSTOFFICE OF FATHER Windsor (15) PRESENT POSTOFFICE OF MOTHER Windsor(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 46(12) BIRTHPLACE Barnwell Co (18) BIRTHPLACE Orangeburg Co(13) OCCUPATION farmer (19) OCCUPATION farm work(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Kypie Trent (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Windsor

Given name added from a supplemental report

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

(27) Filed Oct 10, 1923 (28) O. K. W. 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.