

Form No. 1

(1) PLACE OF BIRTH

County of Marion
 Township of Red Bluff
 or
 Inc. Town of M. C. Lee
 or
 City of S.C.

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
 18498

Registration District No. 3305 Registered No. 91
 (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 Ruby Lavin Outlaw (If child is not yet named, make supplemental report as directed)

(3) Sex of Child Girl (4) Type or Triplet
 To be covered only in event of Twins or Triplets (5) Number in order of birth
 (6) Age of Parent at Birth 20 (7) DATE OF BIRTH June 13, 1933
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME <u>Louise Outlaw</u>	(14) NAME AND MARRIAGE <u>Minnie Turner</u>		(14) NAME AND MARRIAGE <u>Minnie Turner</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>M. C. Lee S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>M. C. Lee S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>M. C. Lee S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)		(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Marion Co. S.C.</u>			(18) BIRTHPLACE <u>Harry Co. S.C.</u>		
(13) OCCUPATION <u>Cotton Mill Work</u>			(19) OCCUPATION <u>Domestic</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 Born alive at 9:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alvin Turner
 (24) State Physician or Midwife (25) Address of Physician or Midwife M. C. Lee S.C.

Given name added from a supplemental report

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

(27) Filed June 20, 1933 (28) J. M. Meacham 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.