

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 REVIEW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Stamper
 Township of Laurens
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St.; _____ Ward)

(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

File No.—For State Registrar Only
7360

Registration District No. 7701 Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child Rubetha Shuff (If child is not yet named, make supplemental report as directed)

(3) **BOY OR GIRL?** Girl (4) **Twin or triplet?** twins (5) **Number in order of birth** 2 (6) **Are Parents Married?** yes (7) **DATE OF BIRTH** Jan 8 1922
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Johnny Shuff</u>	(14) NAME BEFORE MARRIAGE	<u>Annie May Ingram</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Yamett S.C. R.F.D.#1</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Yamett S.C. R.F.D.#1</u>
(10) COLOR OR RACE	<u>Black</u> (11) AGE AT LAST BIRTHDAY <u>28</u> <small>(1 year)</small>	(16) COLOR OR RACE	<u>Black</u> (17) AGE AT LAST BIRTHDAY <u>22</u> <small>(1 year)</small>
(12) BIRTHPLACE	<u>S.C.</u>	(18) BIRTHPLACE	<u>S.C.</u>
(13) OCCUPATION	<u>farm work</u>	(19) OCCUPATION	<u>farm help</u>
(20) Number of children born to mother, including present birth	<u>4</u>	(21) Number of children of this mother now living, including present birth	<u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Della S. Martin
 (24) State whether Physician or Midwife midwife Address of Physician or Midwife Yamett S.C. R.F.D.#1

Given name added from a supplemental report _____

(26) Witness Gas. C. Richardson
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 14 1922 (28) Gas. C. Richardson
 Registrar 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.

W.T. Ellis LA