

Sp. 7/10/43

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U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of... (Near Manning)
Clarendon County
Township of.....
or
Inc. Town of.....
or
City of.....

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 1307

FILE No.—For State Registrar Only

00165

Registered No.
(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 Gertrude Ruth Bethune { If child is not yet named, make supplemental report as directed.

3. Or Girl If Plural 4. Twin, triplet or other. --- 5. Number, in order of birth. --- 6. Premature. --- Full term. --- 7. Are Parents Married? Yes 8. Date of birth Oct. 24, 1916 (Month, day, year)

9. Full name FATHER
John F. Bethune

18. Name before MOTHER
marriage Ruth Mills Bethune

10. Residence (mailing address)
(If non-resident, give place and State) Manning, S.C.

19. Residence (mailing address)
(If non-resident, give place and State) Manning, S.C.

11. Color or race White 12. Age at child's birth 27 (years)

20. Color or race White 21. Age at child's birth 15 (years)

13. Birthplace (city or place)
(State or country) Near Manning, S.C.
(Clarendon County)

22. Birthplace (city or place)
(State or country) Saluda, S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer - Merchant

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. ---

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ---

16. Date (month and year) last engaged in this work Still Engaged 19. ---

25. Date (month and year) last engaged in this work Still Engaged 19. ---

27. Number of children of this mother (At time of birth) and including this child (a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None

28. If stillborn, period of gestation X months weeks 29. Cause of stillbirth. --- (Before labor X During labor X)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at alive m. on the date above stated.
(Born alive or stillborn)

(Signed) Ruth Mills Bethune, Parent

or Guardian

Address Manning S.C. R. 3

Filed August 3, 1943 L. A. Riser, M. D.
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

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