

WRITED PLAINLY, WITH UNFADING INK—THIS IS A PRELIMINARY RECORD. IN A 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 4.

## (1) PLACE OF BIRTH

County of Spaulding  
 Township of Chaska  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2504

Registration District No. 44028 Registered No. 14  
 (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 Lee Bearack (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 14 19 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm Bearack  
 (9) PRESENT POSTOFFICE OF FATHER Spky St R2  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Year)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Phantom Chapman  
 (15) PRESENT POSTOFFICE OF MOTHER Spky St R2  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 8 (21) Number of children of this mother now living, including present birth 1 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. E. Smith M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spky St R2

Given name added from a supplemental report

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

(27) Filled Feb 19 22 (28) Wm Bearack 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.