

(5) PLACE OF BIRTH

County of Calhoun
 Township of Calhoun
 or
 Inc. Town of
 or
 City of

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

No. 389

Registration District No. 802

Registered No. 6
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(7) Full Name of Child Ruth Elay Borian

If child is not yet named, make supplemental report as directed

(1) SEX Girl (2) Type or Triple To be covered only in case of Triple or Triplets (3) Number in order of birth 1 (4) Age 1 (5) DATE OF BIRTH Jan 28, 1923
 (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edwards Borian

(9) PRESENT RESIDENCE OF FATHER Cameron, S.C.

(10) COLOR W (11) AGE AT LAST BIRTHDAY 3-2
 (Year)

(12) BIRTHPLACE Calhoun Co

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1-6

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Elbery

(15) PRESENT RESIDENCE OF MOTHER Cameron, S.C.

(16) COLOR W (17) AGE AT LAST BIRTHDAY 32
 (Year)

(18) BIRTHPLACE Calhoun Co

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1-6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Dr. Joanna Lovell

(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Cameron, S.C.

Give name added from a supplemental report

(25) Witness Mrs. Keller

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

(26) Filed Jan. 28, 1923 (27) W. F. Keller
 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.