

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of Friendship
 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

41764

Registration District No. 1304 Registered No. 61
 (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 Tourie Briggs Rickenbaker (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 55 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 18, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Emmanuel W. Rickenbaker
 (9) PRESENT POSTOFFICE OF FATHER Summerton S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
 (Years)
 (12) BIRTHPLACE St Stephens S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 5-

MOTHER.

(14) NAME BEFORE MARRIAGE Novelle Briggs
 (15) PRESENT POSTOFFICE OF MOTHER Summerton S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25-
 (Years)
 (18) BIRTHPLACE Clarendon S.C.
 (19) OCCUPATION House-wife
 (21) Number of children of this mother now living, including present birth 5-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lionel O. Steeles
 (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Summerton S.C.

Give name added from a supplemental report

See Affidavit
6/3/45
K. H. Registrar

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

(27) Jan 9 22 (28) J. H. R. 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.