

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McGaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA.		45600	
Township of .....		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of <u>Charleston</u>		Registration District No. <u>6A</u>		Registered No. <u>24</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>Roper Hospital</u> )		(For use of Local Registrar)	
(2) Full Name of Child. <u>Boley Ritts</u>				St. <u>W. B.</u> Ward	
				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 2 1911</u>	
		Is answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Thomas C. Ritts</u>			(14) NAME BEFORE MARRIAGE <u>Louisa Galland</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>43 Gadsden</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>43 Gadsden</u>		
(10) COLOR OR RACE <u>W</u>			(16) COLOR OR RACE <u>W</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Charleston, S.C.</u>			(18) BIRTHPLACE <u>Charleston Co. S.C.</u>		
(13) OCCUPATION <u>Housewife</u>			(19) OCCUPATION <u>Housewife</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>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10:45 P.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>B. W. Green M.D. Roper Hospital</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>1/11</u> 191 <u>1</u> (28) <u>J. Merceus Green M.D.</u> 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.