

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.
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 OR
 Inc. Town of
 OR
 City of Charleston (No. Roper Hospital)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 6A Registered No. 24
 (For use of Local Registrar)
 St. W. 2 (Ward)
 (2) Full Name of Child. Baby Rita } If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
45600

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>to be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>January 2, 1911</u> <small>(Name of Month) (Day) (Year)</small>
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>	(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Charleston, S.C.</u>			(18) BIRTHPLACE <u>Charleston Co. S.C.</u>	
(13) OCCUPATION <u>Housewife Plumber</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 alive at 10:45 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. W. Wyman M. D. Roper Hospital

(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) J. Merceus Green M. D.

(27) Filed 1/16 1911 (28) J. Merceus Green M. D. 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.