

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43028

Registration District No. 2600

Registered No. 113

(For use of Local Registrar)

## (2) Full Name of Child

Harold Randolph Ritter

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec. 7<sup>th</sup> 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Andolph Ritter

(9) PRESENT POSTOFFICE OF FATHER

Ridgeland, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

Two

## MOTHER.

(14) NAME BEFORE MARRIAGE

Grace A. E. Arnoldoff

(15) PRESENT POSTOFFICE OF MOTHER

Ridgeland, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was on the date above stated.

Born alive or stillborn

(23) (Signature)

(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)

19

(27) Filed

12/17/22

(28)

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.

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.

MEDIAN OF COLUMBIA, COLUMBIA, S. C.