

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of Williamston

City of

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

(2) Full Name of Child Ralph Edmund Rickett If child is not yet named, make supplemental report as directed.

(1) SEX OR SEX Boy (2) TIME OF BIRTH 7:30 (3) ORDER OF BIRTH 1st (4) AGE yr (5) DATE OF BIRTH Jan 10 1923

FATHER: (1) FULL NAME Augusta Rickett (2) PRESENT RESIDENCE OF FATHER Liberty St. (3) COLOR White (4) AGE AT LAST BIRTHDAY 28 (5) BIRTHPLACE Williamston, S.C. (6) OCCUPATION Printer Worker (7) Number of children born to mother, including present birth One

MOTHER: (1) FULL NAME Sarah Holcomb (2) PRESENT RESIDENCE OF MOTHER Liberty St. (3) COLOR White (4) AGE AT LAST BIRTHDAY 21 (5) BIRTHPLACE Liberty, S.C. (6) OCCUPATION Housewife (7) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn? (Hour A.M. or P.M.)(29) (Signature) A. P. Russell

(30) State whether Physician or Midwife

(31) Address of Physician or Midwife Williamston, S.C.

Given name added from a supplemental report

(32) Witness (signature of Witness necessary only when question 28 is signed by mark)

(33) Date 2-13-23 (34) Registrar William Russell

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

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