STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

48365

(1) PLACE OF BIRTH
County of Charleston
Township of
Inc. or Town of
or City of Charleston S.C. (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 9A Registered No. 141 (For use of Local Registrar)
(No.) Rivers Ave Ext St.; Ward)

(2) Full Name of Child Edward Walter Rittenberg
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? A
(5) Number in order of birth
To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH Feb 4 1942 (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Geo Rittenberg
(9) PRESENT POSTOFFICE OF FATHER St Stephens S.C.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 45 (Years)
(12) BIRTHPLACE Germany
(13) OCCUPATION Merchant
(20) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Henny Behrmann
(15) PRESENT POSTOFFICE OF MOTHER St Stephens S.C.
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE Russia
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11.30 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Louis Rittenberg M.D.
(24) State whether Physician or Midwife Physician
(25) Address of Physician 18 Charleston S.C.

Allied. 11/25/42

Given name added from a supplemental report
Feb 26 1942
A.W. Mitchell
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 2/10 1942
(28) Local Registrar

*When there is no attending Physician or midwife, then the father, householder, etc., should make this return. If child breathed even though it may not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

McCaw, of Columbia.

WHERE PRACTICABLE, WITH TYPEWRITING INK—THIS IS A PERMANENT RECORD.
M. D.—For case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the BIRTH-ROOM, No. 1, THE OTHERS, No. 2, etc., in question 5.