

1. PLACE OF BIRTH

County of Newberry

Township of _____

or
Inc. Town of _____or
City of Panama SC

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

2. FULL NAME OF CHILD

3. Boy or Girl Boy 4. Twins, triplets or other _____ 5. Number, in order of birth 3 6. Premature _____ 7. Are Parents Married? X 8. Date of birth Sept 26 1922 (month, day, year)

9. Full name of FATHER

Willie Edgar Ringer10. Residence (mailing address) (If non-resident, give place and State) Panama SC11. Color or race White 12. Age at child's birth 32 (years)13. Birthplace (city or place) (State or country) Newberry Co SC14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Runnery15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Saw mill16. Date (month and year last) engaged in this work _____ 17. Total time (years) spent in this work ?18. Name before marriage Edene Berley19. Residence (mailing address) (If non-resident, give place and State) Thos Panama SC20. Color or race White 21. Age at child's birth 30 (years)22. Birthplace (city or place) (State or country) Newberry SC23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House Wife24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 12 yrs27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn _____

28. If stillborn, _____ months _____ weeks 29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9:00 A.M. on the date above stated. (Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at 9:30 A.M. on above date Agnes 10/05/26 (Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____ (Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from _____ a supplementary report _____ (Date of) _____ Registrar _____

(Signed) E. H. Moore, M. D.

or _____ Midwife

Address Newberry SCFiled Aug 24 1942 M. B. Edwards Registrar

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only

43831

Registered No. _____ (For use of Local Registrar)

St. _____ Ward _____

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