

1. PLACE OF BIRTH

County of Newberry

Township of _____

or
Inc. Town of _____or
City of Panamaia S.C.(No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

43731

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD

3. Boy or Girl Boy If Plural Births _____ 4. Twins, triplets or other _____ 5. Number, in order of birth 3 6. Premature _____ Full term X 7. Are Parents Married? X 8. Date of birth Sept 26 1922
(Month, day, year)9. Full name of FATHER Willie Edgar Ringer18. Name before marriage MOTHER Ebene Berley10. Residence (mailing address) (If non-resident, give place and State) Panamaia S.C.19. Residence (mailing address) (If non-resident, give place and State) Panamaia S.C.11. Color or race White 12. Age at child's birth 32 (years)20. Color or race White 21. Age at child's birth 30 (years)13. Birthplace (city or place) (State or country) Newberry Co S.C.22. Birthplace (city or place) (State or country) Newberry, S.C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranching23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House Wife15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Saw mill24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home16. Date (month and year last) engaged in this work _____ 17. Total time (years) spent in this work ?25. 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 _____ (Before labor) _____ (During labor) _____

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 Aquas 1/10 Sol
(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) _____

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

or _____ Midwife

Address Newberry S.C.Filed Aug 24 1942 M. B. Wheeler Registrar

Registrar