

(1) PLACE OF BIRTH

County of

Richland

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91532

Township of

✓

Registration District No.

380

Registered No.

1603

(For use of Local Registrar)

Inc. Town of

or

City of

Columbia

(No. *1519* Henderson St.; *32* Ward)

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

(2) Full Name of Child

Kathleen Frances Rickett

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

(3) BOY or GIRL

Girl

(4) Twin or Triplet?

✓

(5) Number in order of birth

✓

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 27 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ray Charles Rickett

(9) PRESENT POSTOFFICE OF FATHER

1519 Henderson St. Columbia S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

Chicago, Illinois

(13) OCCUPATION

Int. Harvester Company

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

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Lavinia Frances Gould

(15) PRESENT POSTOFFICE OF MOTHER

1519 Henderson St. Columbia S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20

(18) BIRTHPLACE

Dross, Michigan

(19) OCCUPATION

House wife

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

Alive at *7:45 P.* M., (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

James H. W. [Signature]
Physician 1501 Lady St.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *12/31/16* 1916

(28) *[Signature]* 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.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5. McCaw, of Columbia.