

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or

Inc. Town of .....

or

City of Greenville S.C.

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18709

Registration District No. 27A Registered No. 250

(For use of Local Registrar)

(No. 574 Humph St.; ..... Ward)(2) Full Name of Child Adrieth Elizabeth Rickenbaker

(Supplemental report as directed)

(3) <del>Boy or</del> GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 5</u> 19 <u>27</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>J. W. Rickenbaker</u>	(14) NAME BEFORE MARRIAGE <u>Adrieth Linchberger</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Waterborough</u>	(18) BIRTHPLACE <u>Greenville S.C.</u>	(13) OCCUPATION <u>Merchant</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother new living, including present birth <u>One</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Colored at 9:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Charles Bates</u>	(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplement-  
al report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed June 9 1927 (28) C. Smith  
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.

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MORGAN OF COLUMBIA, COLUMBIA, S. C.