

(1) PRACH OR BIRTH

County of Catharine

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — Our State Registration

48235

Township of

or

Inc. Town of H. Matthews

or

City of

Registration District No. 8-7Registered No. 70

(For use of Local Registrar)

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

(2) Full Name of Child Mabel Pittsall

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE <u>Feb</u> <u>25</u> <u>1916</u> MONTH (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Anderson Ritchie(9) PRESENT POSTOFFICE OF FATHER H. Matthews & Co.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 7 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Brick Mason(14) Number of children born to mother, including present birth { 8 }

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Mackin Tan(15) PRESENT POSTOFFICE OF MOTHER H. Matthews & Co.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(20) 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 alive at 7 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julian N. Richardson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife H. Matthews & Co.

Given name added from a supplemental report

(26) Witness A. R. Kite (Signature of Witness necessary and when question 24 is signed by mark)(27) Filed Feb 25 1916 (28) A. R. Kite (For use of 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 BINDING.

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

N. H.—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.

McClaw, of Columbia.