

(1) PLACE OF BIRTH

County of Alexander Co.

Township of Hannald

or  
Inc. Town of

or  
City of

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wayne Washington Ridge } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 6th (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 11, 1916  
(Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME Warren Ridge

(6) PRESENT POSTOFFICE OF FATHER Hanna Path & Co

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Alexander Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Emmottys Latta

(15) PRESENT POSTOFFICE OF MOTHER Hanna Path

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Alexander Co & Co

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 7 a.m. (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) H.M. Latta

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hanna Path & Co

Given name added from a supplemental report

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

(27) Filed Aug 20 1916 (28) Wm. Humphreys 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.

Registrar

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71008

N. B. McCune, of Columbia, FIRST-PUBLISHED, No. 1, THE OFFICIAL, No. 2, etc., in question 5.