

Мәңгілік.

(1) PLACE OF BIRTH County of <u>Greenwood</u> Township of <u>Walnut Grove</u> or Inc. Town of <u>Wares Shoals</u> or City of _____ (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 <u>77431</u>	
(2) Full Name of Child. <u>John Andrew Ridgeway</u>		Registration District No. <u>13/4</u>		Registered No. <u>67</u> (For use of Local Registrar)	
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>y</u>	(7) DATE OF BIRTH <u>Sept. 18</u>	19 <u>16</u>
FATHER.			MOTHER.		
(8) FULL NAME <u>Robert V Ridgeway</u>			(14) NAME BEFORE MARRIAGE <u>Marie Davis</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wares Shoals SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wares Shoals SC</u>		
(10) COLOR OR RACE <u>white</u>			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Lourens Co SC</u>			(18) BIRTHPLACE <u>Abbeville Co SC</u>		
(13) OCCUPATION <u>Cotton mill</u>			(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>4:30 P</u> M., on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>J. M. Workman</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Wares Shoals SC</u>					
Given name added from a supplemental report			(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)		
_____, 191____			(27) Filed <u>Oct. 9. 1916</u> (28) _____ Registrar 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.

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