

(1) PLACE OF BIRTH

County of Washington
 Township of
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

41961

Registration District No. 1-3-9-1 Registered No. 1-0-2
 (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 Mary Jane Ride (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 7, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Angus Ride

(9) PRESENT POSTOFFICE OF FATHER Washington R.

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 24
 (Year)

(12) BIRTHPLACE Washington Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Garner

(15) PRESENT POSTOFFICE OF MOTHER Washington R.

(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 18
 (Year)

(18) BIRTHPLACE Washington Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Low Jackson (24) (Address of Physician or Midwife) Washington

Given name added from (25) (Signature of Witness necessary only when question 23 is signed by)

(26) (Signature of Local Registrar) E. J. Farley

(27) (Signature of Local Registrar) E. J. Farley

When there was no physician or midwife, the father, householder, etc., should make the statement. If a child born at a general store, hotel, etc., still a birth report is desired of the birth.