

(1) PLACE OF BIRTH

County of Marlboro

Township of

or Inc. Town of Bennettsville

or City of

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

(2) Full Name of Child Emma Bishop Ryder (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 1, 1922</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. D. Ryder

(9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 49 (Years)

(12) BIRTHPLACE Indiana Ky.

(13) OCCUPATION Plumber

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Bishop

(15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Mobile Ala.

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. May(24) State whether Physician or Midwife mid(25) Address of Physician or Midwife Bennettsville

Given name added from a supplemental report?

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

(27) Filed Nov. 2, 1922 (28) Mr. H. H. Pate 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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