

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town of

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

24546

Registration District No. 22A Registered No. 489

(For use of Local Registrar)

(No. Lawrence Ave St. 14 Ward)(2) Full Name of Child Julius Toomer Ritchey { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or triplet? — (5) Number in order of birth 1 (6) Are Parents Married ye (7) DATE OF BIRTH Aug 14 1922

Is to be entered only in part of Town or City

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Toomer Ritchey(14) NAME BEFORE MARRIAGE James Guilford Morrison(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Insurance Salesman(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth two(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Fuwell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) File No. 13-22 (28) C. Smith Local Registrar

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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 20th month of pregnancy.