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U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1307

FILE No.—For State Registrar Only

00106

County of Clarendon

Township of _____

or

Inc. Town of Manning, S.C.

or

City of _____

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

Registered No. _____
(For use of Local Registrar)

Ward) _____

2. FULL NAME OF CHILD Mary Lou Ridgeway

If child is not yet named, make supplemental report as directed

3. ~~Boy~~ Girl If Plural Births 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature Full term 7. Are Parents Married? ..YES 8. Date of birth June 6, 1945 (Month, day, year)

9. Full name Homer Ridgeway FATHER

18. Name before marriage Anna Eliza Hatfield MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Manning, S.C.

19. Residence (mailing address) (If non-resident, give place and State) Manning, S.C.

11. Color or race colored 12. Age at child's birth 29 (years)

20. Color or race colored 21. Age at child's birth 29 (years)

13. Birthplace (city or place) (State or country) Clarendon County

22. Birthplace (city or place) (State or country) Manning S.C.

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

25. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead..... (c) Stillborn

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 3 A. m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report _____ (Date of) _____

(Signed) Homer Ridgeway, Parent
or _____, Guardian
Address Pacolet, S.C.
Filed 1/20, 1945 L.H. Rosen, M.D.
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)