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

1. PLACE OF BIRTH

County of Clarendon

Township of \_\_\_\_\_

or

Inc. Town of Manning, S.C.

or

City of \_\_\_\_\_

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

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

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..... 6. Premature ..... 7. Are Parents ..... 8. Date of birth June 6, 1945  
(Month, day, year)  
Full term ..... Married? Yes

9. Full name Homer Ridgeway FATHER

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

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

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

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

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

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work.....

19.....

27. Number of children of this mother (At time of birth and including this child) 4

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth .....

18. Name before marriage Anna Eliza Hatfield MOTHER

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

20. Color or race colored 21. Age at child's birth 28 (years)

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

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

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

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work.....

19.....

(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn .....

{ 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) \_\_\_\_\_

Registrar.

(Signed) Homer Ridgeway, Parent or \_\_\_\_\_, Guardian

Address Pacolet, S.C.

Filed 1/20, 1945 L.H. Riser, M.D. Registrar.

ant

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.)