

Form No. 1

(1) PLACE OF BIRTH

County of allendaleTownship of 17Inc. Town of orCity of or

(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

28613

Registration District No. 4608Registered No. 111
(For use of Local Registrar)(2) Full Name of Child Cornell Ritter

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH. Sept 25, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wilmon Ritter

(9) PRESENT POSTOFFICE OF FATHER

allendale SC

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

2

(14) NAME BEFORE MARRIAGE

Princess Ritter

(15) PRESENT POSTOFFICE OF MOTHER

allendale SC

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housework

(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 on the date above stated.at 5 a. M.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie A. Glover(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife allendale SC

Given name added from a supplemental report

(26) Witness L. H. Boyd

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

(27) Filed Sept 29, 1922(28) L. H. Boyd MD

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.