

MARGIN RESERVED FOR BINDING.

FOR NO. 6. PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. E.—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 5. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of *York*  
Township of *Catawba*  
or  
Inc. Town of .....  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA,  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**75240**

Registration District No. *4404* Registered No. *120*  
(For use of Local Registrar)

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

(2) Full Name of Child *Ellen Sims Ratteree* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug. 10, 1916*  
To be answered only in case of twins or triplets. (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME *W. L. Ratteree*  
(9) PRESENT POSTOFFICE OF FATHER *Prodders S. C.*  
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *32* (Years)  
(12) BIRTHPLACE *Youth County*  
(13) OCCUPATION *Farmer*  
(20) Number of children born to mother, including present birth *one*

**MOTHER.**  
(14) NAME BEFORE MARRIAGE *Mary Ellen Sims*  
(15) PRESENT POSTOFFICE OF MOTHER *Prodders S. C.*  
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *25* (Years)  
(18) BIRTHPLACE *N. C.*  
(19) OCCUPATION *Domestic*  
(21) Number of children of this mother now living, including present birth *one*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *alive* at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. N. Gault*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report ..... 191.....  
..... 191.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) *J. D. Mills*  
(27) Filed *8-11-16* (28) *J. D. Mills* 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.