

(1) PLACE OF BIRTH

County of Beaufort
Township of Parris IslandCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
3191

The Town of

Registration District No. 605 Registered No. 30
(For use of Local Registrar)No. _____ St. _____ Ward _____
(If child is not yet named, give name of same instead of street and number.)(2) Full Name of Child James Edmund Ricks

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

(3) Sex B

(4) Number in order of birth

(5) Are Parents Married Yes(6) DATE OF BIRTH Feb. 5, 1912
(Name of Month) (Day) (Year)

FATHER.

(7) NAME John Western Ricks(8) PRESENT POSTOFFICE OF MOTHER Parris Island, S.C.(9) AGE AT LAST BIRTHDAY 28
(Years)(10) COLOR OR RACE W(11) BIRTHPLACE South Co Ga.(12) ADDRESS Fort M. S. Co.(13) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 3

MOTHER.

(14) NAME BEFORE MARRIAGE Euna Sanders(15) PRESENT POSTOFFICE OF MOTHER Parris Island, S.C.(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE South Co Ga.(19) OCCUPATION Housewife(20) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) J. W. Ricks (23) Address of Physician or Midwife(24) State whether Physician or Midwife Parris Island, S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 24 is signed by mark)

(26) FILED Feb 10, 1912 (27) H. H. Ricks Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child branches ever once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.