

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
City of Charleston

(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

29257

Registration District No. 9 ARegistered No. 1394

(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child .....

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 19, 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George William Ricker(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth Eight

## MOTHER.

(14) NAME BEFORE MARRIAGE Loila Smith(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth Seven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:48 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. J. Brown(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report

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

(27) Filed 9/25/22 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 sixth month of pregnancy.