

MADE IN COLUMBIA, S. C.
THIS PLAIN, WITH UNWRAPPED ENVELOPE IN A PERMANENT ENVELOPE.
SEE INSTRUCTIONS ON THE ENVELOPE FOR SETTING BLANKS FOR EACH CHILD, AND MARK THE
FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Hampton.....
Township of Peoples.....
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

4550

Registration District No. W 12

Registered No. 18.....
(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 Martha Mae Ried..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 3 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dayton Hay Ried
(9) PRESENT POSTOFFICE OF FATHER Hampton S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36.....
(Years)
(12) BIRTHPLACE Hampton Co. S.C.
(13) OCCUPATION Public work
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Maybel Prince
(15) PRESENT POSTOFFICE OF MOTHER Hampton S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36.....
(Years)
(18) BIRTHPLACE Hampton Co. S.C.
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive..... at 4..... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. S. G. Ried, midwife
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

..... 19.....
Registrar

(27) Filed Feb. 11..... 19 22 (28) J. W. Roove.....
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.