

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

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 5.

File No.—For State Registrar Only

43804

County of Newberry
Township of 2
OF
Inc. Town of
OF
City of

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

Registration District No. 34.. Registered No. 49.....
(For use of Local Registrar)

Inc. Town of.....
or
City of (No. St.; Ward)
..... (Should be omitted, give name of same instead of street and number.)

(2) Full Name of Child: John William Tringes Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>2nd</i>	(6) Are Parents Married? <i>yes</i>	(7) BIRTH <i>Dec. 19, 1922</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(5) FULL NAME	John William Ringer	(14) NAME BEFORE MARRIAGE	Add O'ner
(6) PRESENT POSTOFFICE OF FATHER	Newberry	(15) PRESENT POSTOFFICE OF MOTHER	Newberry S.C.
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY	31 (Years)	(17) AGE AT LAST BIRTHDAY	30 (Years)
(12) BIRTHPLACE	Newberry Co.	(18) BIRTHPLACE	Newberry Co.
(13) OCCUPATION	Farmer	(19) OCCUPATION	House keeper.
(20) Number of children born to	12	(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 Born alive at M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) E. H. Moore M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Newberry S.C.

Given name added from a supplemental report

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

(27) Filed Jan. 10, 1923. (28) George S. Ruff, 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.