

3/8/42

(1) PLACE OF BIRTH

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

File No.—For State Registrar Only
931

County of Colleton
Township of Windsor
or
Inc. Town of
or
City of

Registration District No. 1409 Registered No. 37
(For use of Local Registrar)

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

(2) Full Name of Child Roris Kraiser

(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 Jan. 14, 1922
(Type of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Kraiser
(9) PRESENT POSTOFFICE OF FATHER Ritters S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Janine Kraiser
(15) PRESENT POSTOFFICE OF MOTHER Ritters S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 2 (21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Emma Satch
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ritters S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 10 1922 (28) E. W. H. H. H. 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.