

(1) PLACE OF BIRTH

County of FlorenceTownship of North

or

Inc. Town of

or

City of

(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

42853

Registration District No. 2012 Registered No. 112

(For use of Local Registrar)

(2) Full Name of Child Wilma Anderson Ryles

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? —(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 4

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Allison J. Ryles(9) PRESENT POSTOFFICE OF FATHER Camden S C(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Florence S C(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Susan E. Smith(15) PRESENT POSTOFFICE OF MOTHER Camden S C(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Florence S C(19) OCCUPATION House Keeper(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 4 (Hour A. M. or P. M.) on the date above stated.(23) (Signature) R. J. Moore(24) State whether Physician or Midwife (25) Address of Physician or Midwife Camden 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 Dec 5 1912 (28) J. E. K. C. 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.

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N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 5.

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