

No. 1.

(1) PLACE OF BIRTH

County of Wannell
Township of Sycamore
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
84421

Registration District No. 112 Registered No. 114
(For use of Local Registrar)

(2) Full Name of Child Horris Ritter

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 19, 1916
To be answered only in event of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Harris Ritter
(9) PRESENT POSTOFFICE OF FATHER Sycamore
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45
(12) BIRTHPLACE Wannell Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Maggie Williams
(15) PRESENT POSTOFFICE OF MOTHER Sycamore sc.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30
(18) BIRTHPLACE Wannell Co
(19) OCCUPATION Housekeeping
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Florence March
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Fairfax sc.

Given name added from a supplemental report
.....
.....
..... 19

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

(27) Filed Nov 25, 1916 (28) J. C. Mayer
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.