CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 13870

Registration District No. 812 Registered No. 33
(For use of Local Registrar)

(1) PLACE OF BIRTH
County of Calhoun
Township of .....
or
Inc. Town of Lyons
or
City of .....
(No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) Boy or Girl	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? yes	(7) DATE OF BIRTH: Jan. (Name of Month) 5 (Day) 1922 (Year)
boy				

FATHER.

(8) FULL NAME: Willie Rickenbaker
(9) PRESENT POSTOFFICE OF FATHER: Ellora SC.
(10) COLOR OR RACE: White
(11) AGE AT LAST BIRTHDAY: 31 (Years)
(12) BIRTHPLACE: Ellora SC.
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: 5

MOTHER.

(14) NAME BEFORE MARRIAGE: Novice Fickel
(15) PRESENT POSTOFFICE OF MOTHER: Ellora SC.
(16) COLOR OR RACE: White
(17) AGE AT LAST BIRTHDAY: 34 (Years)
(18) BIRTHPLACE: Ellora SC.
(19) OCCUPATION: Housewife
(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 (Born alive or stillborn) at 5 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Newton Lee MD
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Ellora. SC

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed April 5 1922 (28) W. D. Fuller 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.

G. C. Smith
Achilla Sub

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WRITTEN REMARKS MUST BE MADE ON BACK OF THIS CERTIFICATE. DO NOT WRITE ON FACE OF CERTIFICATE. DO NOT FOLD FOR BINDING.
N. B.—In case of DEATH, BIRTH or STILLBIRTH occurring in a HOSPITAL or other INSTITUTION, the Superintendent or Manager must make this return.
BEGIN