

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.

MADE IN COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Ramsey
Township of Youngs
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.)

(2) Full Name of Child

Ernie Mae Riddle

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet? No
To be answered only in case of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Oct. 15, 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Andrew Brandon Riddle

(9) PRESENT POSTOFFICE OF FATHER Youngs, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rola Sherbert

(15) PRESENT POSTOFFICE OF MOTHER Youngs, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Reason

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gray Court, S.C.

Given name added from a supplemental report

9-11-40
Martin B. Woodward, M.D.

Assistant State Registrar

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

(27) Filed 11/10 1912 (28) R. H. Harris Local Registrar

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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35296

Registration District No. 2908 Registered No. 72
(For use of Local Registrar)

(No. St.; Ward)