

(1) PLACE OF BIRTH

County of Fairfield, Co.
 Township of Richmond, S.C.
 Inc. Town of Richmond, S.C.
 City of Richmond, S.C.

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only

3743

Registration District No. 1907Registered No. 18
(For use of Local Registrar)

(No. 1 St. 1 Ward 1)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Christina Marie (If child is not yet named, make supplemental report as directed)

1. BOY OR GIRL girl 2. Date of Birth Apr 10 1923
 3. Number in order of birth 1 4. Are Parents Married yes
 To be answered only in case of Twins or Triplets

FATHER

5. FULL NAME John Thomas
 6. PRESENT POSTOFFICE OF FATHER Blair, S.C.
 7. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40
 8. BIRTHPLACE Fairfield, Co.
 9. OCCUPATION farmer
 10. Number of children born to mother, including present birth 10

MOTHER

12. NAME BEFORE MARRIAGE Theresa Pater
 13. PRESENT POSTOFFICE OF MOTHER Blair, S.C.
 14. COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
 15. BIRTHPLACE Richmond, Co.
 16. OCCUPATION Housewife
 17. 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 born alive at 10 P.M.
 on the date above stated. (Born alive or stillborn Hour P.M. or P.M.)

(23) (Signature) Anna Pater

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

Anna Pater

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

L. E. Hooten
 Local Registrar

When there was no attending physician or midwife, no other, newspaper, etc., should make this return. If a child breathes even once, no report is desired of stillbirths.

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