

McCall, of Columbia.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2.

(1) PLACE OF BIRTH
County of Orangeburg
Township of City
or
Inc. Town of
or
City of Orangeburg (No. N. Brimston)
(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
11508

Registration District No. 36A Registered No. 65
(For use of Local Registrar)

(2) Full Name of Child Leona Evelyn Richie If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 5</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>J. A. Richie</u>			(14) NAME BEFORE MARRIAGE <u>Eva Perry</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Same as father</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Chester, S. C.</u>			(18) BIRTHPLACE <u>Columbia, S. C.</u>	
(13) OCCUPATION <u>Foreman (Logging Camp)</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Geo. H. Waller

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Orangeburg

Given name added from a supplemental report 191.....

Registrar

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 5-2-23 W. H. Duke 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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