

(1) PLACE OF BIRTH

County of AdamsTownship of Adamsor
Inc. Town of.....or
City of.....(No. Rich 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 Lotha Rich

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

3) ☐ MALE
4) ☐ GIRL?4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married? ye

(7) DATE OF

BIRTH June 18, 1922
(Name of Month) (Day) (Year)FATHER. Rich(5) FULL
NAME9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 27
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Adams... at 7 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hedley W. Wainwright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplement
report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Aug. 14, 1922(28) M. Ashhurst
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.If a child breathes even once...
fifth month of pregnancy.
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

24464

Registration District No. 200 Registered No. 23

(For use of Local Registrar)