

Form No. 7. MARITAL HISTORY REQUIRED FOR BONDING.
When: FATHER. WITH CHILDREN. THIS IS A SUPPLEMENTAL REPORT.

No. Birth of child of twins or triplets. See 4. If child is born at home, in question 9
and 10, fill in No. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

(1) PLACE OF BIRTH

County of Richmond

Township of Richmond

Inc. Town of Richmond

City of Richmond

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

19780

Registration District No. 37-2

Registered No. 816

(For use of Local Registrar)

2) Full Name of Child Lester Jacob

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

3) SEX OR GEAR?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

To be answered only in case of twins or triplets

(Month) (Day) (Year)

FATHER.

MOTHER

(1) FULL NAME Lester Jacob

(14) NAME BEFORE MARRIAGE Mrs. Mary Elizabeth

(2) PRESENT RESIDENCE OF FATHER Richmond

(15) PRESENT POSTOFFICE OF MOTHER Richmond

(3) COLOR White (11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(4) BIRTHPLACE Richmond

(18) BIRTHPLACE Richmond

(5) OCCUPATION Retired

(19) OCCUPATION Domestic

(6) Number of children born to mother including present birth 3

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Bolt

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 1, 1978 (28) J. H. Wyatt 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, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.