

(1) PLACE OF BIRTH

County of Union

Township of Santee

or

City 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 Richard Edward Townsend If child is not yet named, make supplemental report as directed

BOY OR
GIRL

Boy

(4) Twin
or triplet

No

(5) Number in
order of birth

1

(6) Are
Parents
Married

Yes

(7) DATE OF
BIRTH

Sept. 24, 1923

(Name of Month) (Day) (Year)

FATHER.

FULL
NAME

R. E. Townsend

PRESENT
POSTOFFICE
OF FATHER

McDonald N.C.

COLOR
OR
RACE

White

(11) AGE AT LAST
BIRTHDAY

30

(Years)

BIRTHPLACE

Hot Springs Ark

OCCUPATION

Lumber & Brick Dealer

Number of children born to
mother, including present birth

One

MOTHER.

(14) NAME BEFORE
MARRIAGE

Lain Gregory

(15) PRESENT
POSTOFFICE
OF MOTHER

Union S.C.

(16) COLOR
OR
RACE

White

(17) AGE AT LAST
BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Union Co S.C.

(19) OCCUPATION

Housewife

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 4:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

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

Physician Union

Even name added from a supplement-
tal report

101

Registrar

(26) Witness

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

(27) Filed 10-10-1923

(28)

J. J. Jarrett

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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PLACE OF BIRTH

County of UnionCity of Unionor Town of Union

or

FULL NAME OF CHILD R. G. Townsend

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40

FILE No. For State Registrar Only

37913-aRegistered No. 1023

(For use of Local Registrar)

St. Union Ward 1

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

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

Boy or Girl

11. Plural births

4. Twin, triplet, or other

6. Premature

7. Legitimate

8. Date of birth

5. Number, in order of birth

Full term ☒mate? Yes

(Month, day, year)

FATHER

Full name

R. G. Townsend

12. Residence (usual place of abode)

If nonresident, give place and State

N.C.

18. Full maiden name

MOTHER

L. G. Gregory

19. Residence (usual place of abode)

If nonresident, give place and State

N.C.

20. Color or race

21. Age at last birthday

30 (Years)

22. Birthplace (city or place)

23. Age at last birthday

26 (Years)

24. Birthplace (city or place)

Hot Springs, Ark.

25. Birthplace (city or place)

Union, S.C.

(State or country)

(State or country)

26. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

Farmer

27. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

28. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

None

29. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

None

30. Date (month and year) last engaged in this work

31. Total time (years) spent in this work

32. Date (month and year) last engaged in this work

33. Total time (years) spent in this work

Number of children of this mother

At time of this birth and including this child

(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 0

If mother

period of gestation

{ months weeks

34. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 p.m. on the date above stated

(Born alive or stillborn)

(Signed) J. D. Dwyer

M. D.

or

Midwife

Address Union, S.C.Filed 19

Registrar

When there was no attending physician or midwife, then the father, householder, or other person should make this return.

Name added from supplemental report

(Date of)

Registrar

A child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.