

(1) PLACE OF BIRTH

County of RichmondTownship of Richmondor
Inc. Town of Richmondor
City of Richmond(No. 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 James S. SmithFile No. -- For State Registrar Only
21876CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3.3.6.4 Registered No. 71
(For use of Local Registrar)(3) BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of Twin or Triplet(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH July 19 1925
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to
mother, including present birth(14) NAME BEFORE
MARRIAGE(16) PRESENT
POSTOFFICE
OF MOTHER(18) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY
(Years)

(19) BIRTHPLACE

(15) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was James S. Smith at Richmond M.
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.(23) (Signature) James S. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report(26) Witness
(Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed July 14 1925 (28) James S. Smith Local RegistrarWhen 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.