

Form No. 1

## (1) PLACE OF BIRTH

County of Richland  
 Township of Richland  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

21874

Registration District No. 33.2.4 Registered No. 93  
 (For use of Local Registrar)

(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 Frank

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 15 1923</u> (Month of Birth) (Day) (Year)
<b>FATHER.</b>				<b>MOTHER.</b>
(8) FULL NAME <u>James Frank</u>				(14) NAME BEFORE MARRIAGE <u>Mary</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Richland</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Richland</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Richland</u>		(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>Richland</u>		
		(19) OCCUPATION <u>Farmer</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 James on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Richland

Given name added from a supplement-  
 al report

(26) Witness

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

(27) Filed July 17 1923(28) Richland

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.