

Form No. 1

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

4610

Registration District No. 83.4 Registered No. 16  
 (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

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

3. BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 28 1921  
 To be answered only in event of Twin or Triplet Name of Month (Day) Year

FATHER.

MOTHER.

8. FULL NAME James M. Baldwin  
 9. PRESENT POSTOFFICE OF FATHER Richmond  
 10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)  
 12. BIRTHPLACE Richmond, Va.  
 13. OCCUPATION Physician

14. NAME BEFORE MARRIAGE James M. Baldwin  
 15. PRESENT POSTOFFICE OF MOTHER Richmond  
 16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)  
 18. BIRTHPLACE Richmond, Va.  
 19. OCCUPATION Physician

20. Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 M., on the date above stated. (Designative of stillborn Hour A. M. or P. M.)

(23) (Signature) James M. Baldwin (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richmond, Va.

Given name added from a supplemental report

(26) Witness John F. F. F. (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Feb 28 1921 (28) W. W. Donley 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 be reported as stillborn. No report is desired of stillbirths before the 10th month of pregnancy.

WRITE PLAINLY, WITH INK, AND IN THIS IS A PERMANENT RECORD. Do not use of TINK OR TRIPLET, use a SEPARATE REPORT FOR EACH CHILD, and mark the FIRST-BORN. No 1 TIME OTHER. No 2, etc. In question 2