

(1) PLACE OF BIRTH

County of Richmond
 Township of Easton
 or
 Inc. Town of Richmond
 or
 City of _____

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

Registration District No. 833

File No. - For State Registrar Only

3331

Registered No. 19
 (For use of Local Registrar)

Ward _____

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

(2) Full Name of Child William Frederick

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

(4) Sex of Child Male
 (5) Time of Birth 7:30
 To be covered only in event of Twins or Triplets

(6) Are both Parents Married Yes

(7) DATE OF BIRTH 2 6 1912
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Frederick
 (9) PRESENT POSTOFFICE OF FATHER Richmond S.C.
 (10) COLOR OR RACE White
 (11) AGE AT LAST BIRTHDAY 38
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER

(14) MARRIAGE BEFORE MARRIAGE Never
 (15) PRESENT POSTOFFICE OF MOTHER Richmond S.C.
 (16) COLOR OR RACE White
 (17) AGE AT LAST BIRTHDAY 30
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Wife

(20) Number of children born to _____
 mother, including present birth 7

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____
 on the date above stated. (Born alive or stillborn) (Sex: A. M. or F. M.)

(23) (Signature) Walter Robinson
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Richmond S.C.

Give name and address of supplement report

(26) Witness Mrs. J. E. Stenderman
 (Signature of witness necessary only when question 23 is signed)

(27) Filed 2/6 1912 (28) Local Registrar

See there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.