

File No. — For State Registrar Only
18907

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

Registration District No. 20 Registered No. 419
(For use of Local Registrar)

(No. *Columbia Hospital* St. Ward

institution, give name of same instead of street and number.)

(2) Full Name of Child Richard Stubrich Black If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>June 27, 1925</i> (Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME	James Lewis Black.	(14) NAME BEFORE MARRIAGE	Madame Bernard Haver.

(B) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(16) COLOR OR RACE	White	(17) AGE AT LAST BIRTHDAY	43
(16) COLOR OR RACE	White	(17) AGE AT LAST BIRTHDAY	32

12) BIRTHPLACE	13) BIRTHPLACE	14) BIRTHPLACE	15) BIRTHPLACE
N.C.	Yonkers N.Y.	Yonkers N.Y.	Yonkers N.Y.

(12) OCCUPATION Public Health Director (18) OCCUPATION Physician

29) Number of children born to John W. DeLoe & Joseph DeLoe Four (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

28) I hereby certify that I attended the birth of this child, who was born alive at 10 A. M.,
on the date above stated. (Born alive or stillborn)

(23) (Signature) Heather L. Boone
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplement-
al report)

(26) Witness
 (Signature of Witness necessary only
 when question 25 is signed by mark)

MB Woodward MD
Sept 17 1942
Registrar

(27) Filed July 3, 1954 (28) Wichita, Kansas Local Registrar.

When there was no attending physician or midwife, then the father, householder, or Local Registrar 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.

Before the 5th Month of pregnancy