

(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
22766

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

(2) Full Name of Child

(1) BOY OR GIRL Boy (2) Twin or Triplet No (3) Number in order of birth 1 (4) Are Parents Married Yes (5) DATE OF BIRTH Aug 15 1931
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FATHER.
 (6) FULL NAME Leann Thomas
 (7) PRESENT POSTOFFICE OF FATHER Richmond, Va.
 (8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 41 (Year)
 (10) BIRTHPLACE Richmond, Va.
 (11) OCCUPATION Teacher
 (12) Number of children born to mother, including present birth 5

MOTHER.
 (13) NAME BEFORE MARRIAGE Leann Thomas
 (14) PRESENT POSTOFFICE OF MOTHER Richmond, Va.
 (15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 41 (Year)
 (17) BIRTHPLACE Richmond, Va.
 (18) OCCUPATION Housewife
 (19) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) [Signature] (22) Address of Physician or Midwife Richmond, Va.
 (23) State whether Physician or Midwife Physician

Given name added from a supplemental report

(24) Witness [Signature] (25) (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed 19 (27) Local Registrar [Signature]

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.