

(1) PLACE OF BIRTH

County of

Township

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 310

File No. For State Registrar Only
19857Registered No. 70
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child *Myrtle Lucile Richey*
If birth occurs in a hospital or other institution, give name of same instead of street and number. If child is not yet named, make supplemental report as directed.

(1) Sex <i>Girl</i>	(4) Type or Triplet	(3) Number in order of birth	(6) Age <i>4 yrs</i>	(7) DATE OF BIRTH <i>7 11 13</i> (Name) (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <i>W. W. Richey</i>			(14) NAME BEFORE MARRIAGE <i>Miss Brown</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Punkleton, S.C.</i>			(15) PRESENT RESIDENCE <i>Punkleton, S.C.</i>	
(10) COLOR OR RACE <i>W</i>	(11) AGE AT LAST BIRTHDAY <i>30</i>	(16) COLOR OR RACE <i>W</i>	(17) AGE AT LAST BIRTHDAY <i>25</i>	
(12) BIRTHPLACE <i>And Co, S.C.</i>			(18) BIRTHPLACE <i>Padula Co, Miss.</i>	
(13) OCCUPATION <i>Textile Operater</i>			(19) OCCUPATION <i>Domestic</i>	
(20) Number of children born to mother, including present birth <i>5</i>			(21) Number of children of this mother now living, including present birth <i>4</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was . . . *born* . . . M.,
on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)(23) (Signature) *C. C. Stotter*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Punkleton S.C.

(26) Given name added from a supplemental report

(28) Witness

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

(27) Filed *Aug 13 1923*(29) Local Registrar
*H. W. Seawright*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.
must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.