

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of St. James
 or
 Inc. Town of McClaurie
 or
 City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3272

Registration District No. 966 Registered No. 14
 (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 Richard A. L. L. L. If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>3</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 27 23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Richard A. L. L. L.</u>			(10) NAME BEFORE MARRIAGE <u>Margaret Stuger</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>McClaurie</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>McClaurie</u>	
(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(14) COLOR OR RACE <u>Negro</u>	(15) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(16) BIRTHPLACE <u>Charleston S.C.</u>			(17) BIRTHPLACE <u>Charleston</u>	
(18) OCCUPATION <u>Day Laborer</u>			(19) OCCUPATION <u>Day Laborer</u>	
(20) Number of children born to mother, including present birth <u>1 3</u>			(21) Number of children of this mother now living, including present birth <u>1 2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 120 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mollie Washington
 (24) State, whether Physician or Midwife (25) Address of Physician or Midwife
Midwife McClaurie

Given name added from a supplemental report

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

(27) Filed Mar 4 23 (28) See E. Becton 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 not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.