

MAJORITY REQUIRED FOR BINDING. IN CASE OF TWINNING, EACH CHILD MUST BE SEPARATELY REPORTED. IN CASE OF TWINS OR TRIPLETS, IN ONE SEPARATE REPORT, AND FOR EACH CHILD, AND MARK THE SEX OF EACH CHILD. NO. 1. THIS OTHER, NO. 2, ETC. IN QUESTION 2.

(1) PLACE OF BIRTH

County of Richmond

Township of Richmond

or
Inc. Town of Richmond

or
City of Richmond

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

(2) Full Name of Child Amir R. R. R.

File No.—For State Registrar Only
19332

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

Registration District No. 3 Registered No. 3
(For use of Local Registrar)

(No. 3 St.; 3 Ward)

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

3. BOY OR GIRL? Boy 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH March 19, 1933
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Harley R. R. R.

9. PRESENT POSTOFFICE OF FATHER Richmond S. C.

10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)

12. BIRTHPLACE Richmond S. C.

13. OCCUPATION Farmer

14. Number of children born to mother, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Gabriel R. R. R.

15. PRESENT POSTOFFICE OF MOTHER Richmond S. C.

16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 46 (Years)

18. BIRTHPLACE Richmond S. C.

19. OCCUPATION Farmer

20. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 9. A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sara H. R. R.

(24) State whether Physician or Midwife Midwife (25) Address of Physic. or Midwife Richmond S. C.

Given name added from a supplemental report

(26) Witness Estelle G. R. R.
(Signature of Witness necessary only when question 23 is signed by name)

(27) Filed June 4, 1933 (28) Estelle G. R. R. 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.