

(1) PLACE OF BIRTH

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

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

Registration District No. 2701

44012

Registered No. 1  
(For use of Local Registrar)

St. 1 Ward 1

(2) Full Name of Child

(a) SEX OF CHILD Male (b) Type or Triplet Single (c) Number in order of birth 1 (d) Age at birth 7/10 (e) DATE OF BIRTH Dec 20, 28  
(Name of Month) (Day) (Year)

FATHER.  
(1) FULL NAME James I. Smith  
(2) PRESENT POSTOFFICE OF FATHER Candler  
(3) COLOR OR RACE Ch (11) AGE AT LAST BIRTHDAY 21 (Year)  
(4) BIRTHPLACE Mo  
(5) OCCUPATION laborer

MOTHER.  
(14) NAME BEFORE MARRIAGE Emma Smith  
(15) PRESENT POSTOFFICE OF MOTHER Candler  
(16) COLOR OR RACE Ch (17) AGE AT LAST BIRTHDAY 21 (Year)  
(18) BIRTHPLACE Mo  
(19) OCCUPATION laborer  
(20) Number of children born to mother, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) James I. Smith  
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Richmond

Given name added from a supplemental report James I. Smith  
(25) Witness (Signature of Witness necessary only when question 23 is signed by (26) James I. Smith  
(27) Place Richmond (28) 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 stillborn before the fifth month of pregnancy.