

NOTE: WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of M. Cornick
Township of Bardonia
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. 4570 Registered No. 141
(For use of Local Registrar)

File No.—For State Registrar Only
39309

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

(2) Full Name of Child Robert Lewis Richey (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 10 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Duckworth Richey
(9) PRESENT POSTOFFICE OF FATHER Wilmington R. F. D.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Gable
(15) PRESENT POSTOFFICE OF MOTHER Wilmington R. F. D.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Male at 4:10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. W. Heatham M. D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife M. Cornick, S. C.

Given name added from a supplemental report
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(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec. 12 19 22 (28) Mattison 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.