

(1) PLACE OF BIRTH

County of RichmondTownship of RichmondInc. Town of RichmondCity of Richmond

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3006No. for State Register Only
41443Registered No. 68
(For use of Local Registrar)

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

(2) Full Name of Child James(3) SEX OR GILT Male (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 12 1923 (8) If child is not yet named, make supplemental report as directed

FATHER.		MOTHER.	
(9) FULL NAME <u>James</u>	(14) NAME BEFORE MARRIAGE <u>James</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Richmond</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Richmond</u>
(11) AGE AT LAST BIRTHDAY <u>1</u> (Year)	(16) AGE AT LAST BIRTHDAY <u>1</u> (Year)	(12) COLOR OR RACE <u>White</u>	(17) BIRTHPLACE <u>Richmond</u>
(13) BIRTHPLACE <u>Richmond</u>	(18) OCCUPATION <u>Housewife</u>	(19) BIRTHPLACE <u>Richmond</u>	(20) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Hour A. M. or P. M.) at 3:00 P. M.
on the date above stated.(22) (Signature) E. M. G. G. G.(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Richmond

(25) Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed James(28) Local Registrar E. M. G. G. G.

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.