

1. PLACE OF BIRTH

County of Richmond
 Township of Richmond
 Inc. Town of Richmond
 City of Richmond

CERTIFICATE OF BIRTH

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

Registration District No. 6034

File No.—For State Registrar Only

10086Registered No. 21
(For use of Local Registrar)(No. St. Ward)

2. Full Name of Child

InfantIf child is not yet named, make
supplemental report as directed3. SEX OF
CHILD4. Twin
or Triplet?5. Number in
order of birth6. Are
Parents
Married?

7. DATE OF

BIRTH April 28, 1922
Name (Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

8. FULL
NAME9. PRESENT
POST OFFICE
OF FATHER10. COLOR
OR
RACE

11. OCCUPATION

(11) AGE AT LAST
BIRTHDAY

(Years)

12. BIRTHPLACE

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POST OFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Born alive at Richmond, S. C.
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) Rose A. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)19 May 1 19 22
Registrar

(27) Filed

(28) Mein
Local RegistrarWhen 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.