

RECEIVED BY COLUMBIA, S. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		16457	
Township of		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of <u>Columbia</u>		Registration District No. <u>282</u>		Registered No. <u>1571</u>	
(No. <u>209</u> <u>Gadsden</u> St.; <u>6</u> Ward)		(For use of Local Registrar)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Richard Hamrick</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 14, 1922</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Albert Hamrick</u>			(14) NAME BEFORE MARRIAGE <u>Elma E. Lucas</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>209 Gadsden St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>209 Gadsden</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Mill Overseer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Elma</u> <u>79</u> <u>A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>Asen L. Bardsley M.D.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Columbia S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed <u>5/22/1922</u> (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 stillbirths before the fifth month of pregnancy.					
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