

(1) PLACE OF BIRTH

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

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

Registration District No. 207

File No.—For State Registrar Only  
**5664**

Registered No. 8  
(For use of Local Registrar)

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

(2) Full Name of Child Arthur H. Kincaid  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? Single (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 10 1923  
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER FULL NAME Arthur H. Kincaid MOTHER NAME BEFORE MARRIAGE Edel Beard

PRESENT POSTOFFICE OF FATHER Richmond S.C. PRESENT POSTOFFICE OF MOTHER Richmond S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
(Year) (Year)

(12) BIRTHPLACE Richmond S.C. (18) BIRTHPLACE Richmond S.C.

(13) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3 (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... Alive... at 4 P. M., on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))

(23) (Signature) Grace Jackson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 14 1923 (28) F. H. Coale 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.