

COUNTY OF Franklin
 CITY OF Richland
 IN THE TOWN OF
 OF
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 4400 Registered No. 34
 (For use of Local Registrar)

(No. St. Ward)
 (If child is not yet named, make supplemental report as directed)

(1) Full Name of Child

(1) SEX OF CHILD <u>Boy</u>	(2) DATE OF BIRTH <u>Sept 18, 1922</u>	(3) TIME OF BIRTH <u>4:00</u>	(4) PLACE OF BIRTH <u>Richland</u>
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FATHER. (5) FULL NAME <u>Lee Barus</u> (6) PRESENT RESIDENCE OF FATHER <u>York S.C. R.R. #8</u> (7) COLOR OR RACE <u>White</u> (8) AGE AT LAST BIRTHDAY <u>40</u> (Year) (9) BIRTHPLACE <u>S.C.</u> (10) OCCUPATION <u>Farmers</u> (11) Number of children born to mother, including present birth <u>Seven</u>		MOTHER. (12) NAME BEFORE MARRIAGE <u>Clara Martin</u> (13) PRESENT RESIDENCE OF MOTHER <u>York S.C. R.R. #8</u> (14) COLOR OR RACE <u>White</u> (15) AGE AT LAST BIRTHDAY <u>26</u> (Year) (16) BIRTHPLACE <u>S.C.</u> (17) OCCUPATION <u>Housewife</u> (18) Number of children of this mother now living, including present birth <u>Seven</u>	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was at M.,
 on the date above stated. (born alive or stillborn) (hour, M. or P. M.)

(20) (Signature) Thos. H. Subin
 (21) State whether Physician or Midwife (22) Address of Physn. or Midwife York S.C. R.R. #2

Give name added from a supplemental report
 (23) Witness (signature of Witness necessary only when question 23 is signed by mother) Edith
 (24) Filed Nov - 7 - 1923 (25) 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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