

MADEIN HENRY FOR FIVE BINDING.
 WITH A SPENDING IN THIS IS A FIVE IN THE CHILD AND MARK THE
 N. H. in case of TAKING THE CHILDREN one or more, No. 2, etc. in question 5
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 MADEIN HENRY FOR FIVE BINDING.

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. Stephens
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3273

Registration District No. 25 Registered No. 16
 (For use of Local Registrar)

(No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3 BOY OR GIRL Girl 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? No 7 DATE OF BIRTH Feb. 2, 1922
 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

8 FULL NAME Robert L. Rich
 9 PRESENT POSTOFFICE OF FATHER St. Stephens
 10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 30 (Years)
 12 BIRTHPLACE Andrews, S.C.
 13 OCCUPATION R. R. man
 14 Number of children born to mother, including present birth 2

MOTHER.

14 NAME BEFORE MARRIAGE May Belle Gibson
 15 PRESENT POSTOFFICE OF MOTHER St. Stephens
 16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 19 (Years)
 18 BIRTHPLACE Andrews, S.C.
 19 OCCUPATION House wife
 20 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 ... born alive at 3 A. M.
 on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.)

(23) (Signature) Serena Hasler
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife St. Stephens

Given name added from a supplemental report

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

(27) Filed Feb. 25, 1922 (28) H. A. Flen 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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