

(1) PLACE OF BIRTH

County of Richburg

Township of

or

Inc. Town of

or

City of Richburg(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

File No.—For State Registrar Only

2297

Registration District No. 3706 Registered No. 11
(For use of Local Registrar)If child is not yet named, make
supplemental report as directed3) BOY OR
GIRLBoy4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married?yes

(7) DATE OF

BIRTH Jan 29 22
(Month of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEThomas Bruce Bragale(9) PRESENT
POSTOFFICE
OF FATHERRichburg, S.C.(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY 30
(Years)

(12) BIRTHPLACE

Richburg Co

(13) OCCUPATION

Clerk(20) Number of children born to
mother, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5209 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

J. H. Volkmann, Richburg, S.C.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)19
Registrar

(27) Filed

19

(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.REGARD OF COLUMBIA. COASTERS. B. C.
N. B.—In case of TWINS OR TRIPLETS, give name of EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.