

(1) PLACE OF BIRTH

County of RichmondTownship of Richmondor
Inc. Town of Richmondor
City of Richmond

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19375

Registration District No. 3105Registered No. 54
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

3 BOY OR GIRL	4 Twin or Triplet?	5 Number in order of birth	6 Are Parents Married?	7 DATE OF BIRTH
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME			14 NAME BEFORE MARRIAGE	
9 PRESENT POSTOFFICE OF FATHER			15 PRESENT POSTOFFICE OF MOTHER	
10 COLOR OR RACE	11 AGE AT LAST BIRTHDAY	17 AGE AT LAST BIRTHDAY		
	(Years)	(Years)		
12 BIRTHPLACE	18 BIRTHPLACE			
13 OCCUPATION	19 OCCUPATION			
20 Number of children born to mother, including present birth			21 Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) 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 A. M. or P. M.)

(23) (Signature)

(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 7/3 19 22 (28) J.P. Lybrand 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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MAKING HERETOFOR BINDING. WITH UNPAID INK—THIS IS A PERMANENT RECORD AND MUST BE KEPT IN THE OFFICE OF THE REGISTRAR. NO 1 THE OTHER, NO 2, etc., in question 3.

N. B.—In case of TWIN OR TRIPLETS, INDICATE PLACENT BLANK FOR EACH CHILD AND MARK THE PLACENT OF EACH CHILD.

McGraw of Columbia, Columbia, S. C.