

(1) PLACE OF BIRTH

County of RichmondTownship of RichmondInc. Town of RichmondCity of Richmond

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5530

Registration District No. 44105 Registered No. 9

(For use of Local Registrar)

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

(2) Full Name of Child Isabel Erwin If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Boy (4) Twin or triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 1 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Erwin Erwin(9) PRESENT POSTOFFICE OF FATHER Rockhill SC(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Crofton, Md.(13) OCCUPATION By Laborer(14) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Gordon(15) PRESENT POSTOFFICE OF MOTHER Rockhill SC(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Crofton, Md.(19) OCCUPATION By Laborer(20) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Near A. M. or P. M.)(23) (Signature) Walter H. H.

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

Mid wife Rockhill SC

Give name added from a supplemental report

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

(27) Filed 3/17 (28) J. M. M. 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.