

(1) PLACE OF BIRTH

County of Richmond

Township of _____

or Inc. Town of _____

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9A

File No.—For State Registrar Only

16233

511

Registered No. _____

(For use of Local Registrar)

(No. _____) (St. _____) (Ward _____)

If birth occurs in a hospital or other institution, give name of _____

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

(2) Full Name of Child James Edward

3. BOY OR GIRL?

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF

BIRTH Jan 5 19 22

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8. FULL NAME

14. NAME BEFORE MARRIAGE James

9. PRESENT POSTOFFICE OF FATHER

15. PRESENT POSTOFFICE OF MOTHER

10. COLOR OR RACE N

11. AGE AT LAST BIRTHDAY

16. COLOR OR RACE N

17. AGE AT LAST BIRTHDAY

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 born alive at 1:25 P.M., on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John P. Liscum

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name James from a supplemental report

(26) Witness

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

John P. Liscum11/1/46 19 46 Registrar(27) Filed 4/29/22

(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.

STATE OF SOUTH CAROLINA

BUREAU OF VITAL STATISTICS