

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Richlandor
Inc. Town of Richlandor
City of Richland

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3456File No. For State Registrar Only
20445Registered No. 21
(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 Latherine B. B. B.

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Sept 7, 1921</u> (Name) (Month) (Day) (Year)
----------------------------	-----------------------------------------------------------------------------------	--------------------------------------	------------------------------------	---------------------------------------------------------------------

FATHER.

8) FULL NAME L. B. B.

9) PRESENT POSTOFFICE OF FATHER Richland

10) COLOR OR RACE W

11) AGE AT LAST BIRTHDAY 16 (Years)

12) BIRTHPLACE Richland

13) OCCUPATION Miner

20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE L. B. B.

15) PRESENT POSTOFFICE OF MOTHER Richland

16) COLOR OR RACE W

17) AGE AT LAST BIRTHDAY 16 (Years)

18) BIRTHPLACE Richland

19) OCCUPATION Miner

21) Number of children of this mother now living, including present birth 1

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) L. B. B.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Richland

Given name added from a supplemental report

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

(27) Filed 1921 (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.