

## (1) PLACE OF BIRTH

County of Richmond

Township of .....

or

Inc. Town of .....

or

City of Richmond (No. .... St. .... Ward)

(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

38380

Registration District No. 3A Registered No. 423

(For use of Local Registrar)

(2) Full Name of Child William Henry

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
				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE
(11) AGE AT LAST BIRTHDAY
(12) BIRTHPLACE
(13) OCCUPATION

## MOTHER.

(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY
			(Years)
(18) BIRTHPLACE	(19) OCCUPATION	(20) Number of children of this mother now living, including present birth	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) .....  
(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed

(27)

F. B. CRAYTON,

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If  
the father, etc., even once, it must not be reported as stillborn. No report is desired of stillbirths before the  
fifth month of pregnancy.

(Date of)

Address Route 2, RichmondFiled AUG. 20, 1942

Registrar