

PLACE OF BIRTH

County of Richmond
 City of Richmond
 or
 Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only
3393

Registration District No. 110

Registered No. 7
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

Full Name of Child David McEachern

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

BY Bar (4) Twin or Triplet? 3 (5) Are Parents Married? yes (6) DATE OF BIRTH Jan 26 1923
 To be answered only in event of Twins or Triplets (Year of Month) (Day) (Year)

FATHER.

NAME David McEachern
 PRESENT POSTOFFICE Richmond
 COLOR Black (11) AGE AT LAST BIRTHDAY 24
 BIRTHPLACE Richmond
 OCCUPATION Domestic

MOTHER.

(14) NAME BEFORE MARRIAGE Marian Young
 (15) PRESENT POSTOFFICE OF MOTHER Richmond
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE Richmond
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was Alive at 2 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Dr. J. H. ...
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Richmond

on name added from a supplement-
 al report

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

(27) Filed 3/1/23 R. J. ...
 Registrar 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.