

## (1) PLACE OF BIRTH

County of *Hampton*Township of *Smith*or  
Inc. Town of

City of

(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

64718

Registration District No. *2400* Registered No. *18*

(For use of Local Registrar)

(2) Full Name of Child *Richard Wallace Faust* { If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? *Boy* (4) Twin or Triplet? *—* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 9 1916*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *John Cheburne Faust*(9) PRESENT POSTOFFICE OF FATHER *Luray S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *23*  
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Ella Freeman*(15) PRESENT POSTOFFICE OF MOTHER *Luray S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *19*  
(Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(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 *born alive* *10:30 a.m.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. H. Fowler, M.D.*

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

Given name added from a supplemental report

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

(27) Filed *July 12 1916* (28) *H. E. ...* 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.

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MAKING RESERVES FOR INDEXING.  
WRITING PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia.