

1. PLACE OF BIRTH

County of Richmond

Township of Richmond

City of Richmond

Street of Richmond

Room of Richmond

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19934

Registration District No. 38c

Registered No. 68
(For use of Local Registrar)

(No. 2021 St. Richmond Ward)

If born in a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child

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

(1) Sex Male (2) Twin or triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH Feb 2 1911
(To be answered only in case of Twin or triplet's) Name of Month (Day) (Year)

FATHER.

NAME John

PRESENT POSTOFFICE OF FATHER Richmond

COLOR OR RACE Col.

(6) AGE AT LAST BIRTHDAY 24 Years

BIRTHPLACE Augusta, Ga.

OCCUPATION Merchant

Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Harry

(15) PRESENT POSTOFFICE OF MOTHER Richmond

(16) COLOR OR RACE Col.

(17) AGE AT LAST BIRTHDAY 24 Years

(18) BIRTHPLACE S.C.

(19) OCCUPATION Merchant

(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 at Richmond M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John

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

Given name added from a supplemental report

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

(27) Filed Jan 11 1911 (28) W. H. H. H. 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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