

(1) PLACE OF BIRTH
 County of Richland
 Township of Tickens
 or
 Inc. Town of
 or
 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
31861

Registration District No. 3504 Registered No. 95
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triple? To be answered only in event of Twins or Triplets	(5) Number In order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH Sept. 28, 1922 (Name of Month) (Day) (Year)
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FATHER Walter Lee Bagwell MOTHER Ava Jane Porter

(8) FULL NAME Richenell L.
 (9) PRESENT POSTOFFICE OF FATHER Transylvania Co., N.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Transylvania Co., N.C.

(13) OCCUPATION Textile Operative

(20) Number of children born to mother, 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 at 11:45 P.M. on the date above stated.
 (Signature) John Walter M.D. McRae Physician

(23) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1140 S. Main St., Columbia, S.C.

Given name added from a supplemental report

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 Registrar

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 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.

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

(27) Filed 19 (28)
 Local Registrar 15 S. 3rd St., Columbia