

(1) PLACE OF BIRTH

County of AndersonTownship of RichmondInc. Town of RichmondCity of Richmond

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

Registration District No. 30

File No. - For State Registrar Only

Registered No. 384494
(For use of Local Registrar)St. 1 Ward 28

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

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

(2) Full Name of Child

3. SEX Boy
4. Twin or Triplet No
5. Number in order of birth 1
To be answered only in event of Twin or Triplet6. Are Parents Married yes
7. DATE OF BIRTH Dec. 11, 28
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME James Indione9. PRESENT POSTOFFICE OF FATHER Richmond S C10. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 37 (Year)12. BIRTHPLACE S C13. OCCUPATION Harmon14. Number of children born to mother, including present birth 12

MOTHER.

14. NAME BEFORE MARRIAGE Maries Sayer15. PRESENT POSTOFFICE OF MOTHER Richmond16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 38 (Year)18. BIRTHPLACE S C19. OCCUPATION Domestic20. Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P M., on the date above stated. (Was A. M. or P. M.)(23) (Signature) J. P. Campbell
(24) State where Physician or Midwife Richmond

(Given name added from a supplemental report)

(25) Witness (Signature of Witness necessary only when question 23 is signed) J. P. Campbell(27) Date Dec. 16, 1928 (26) Local Registrar J. P. Campbell

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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