

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number of children

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 4, 1922

(8) FULL NAME

Richard Kungen

(9) PRESENT POSTOFFICE OF FATHER

Georgetown

(10) COLOR OR RACE

Black

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Mill Laborer

(20) Number of children born to mother, including present birth

1

(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 Alive at 11 A. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Charlotte Lesene

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mar 22

(28)

Mrs R. G. King

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

11154

Registration District No.

212

Registered No.

26

(For use of Local Registrar)

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