

Form No. 1

20

## (1) PLACE OF BIRTH

County of Richmond

Township of .....

In Town of Richmond

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

Registration District No. 270

File No. — For State Registrar Only

4315

Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child Ann Rambert

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

1. SEX BOY2. Age 2 1/23. Number in order of birth 14. Are Parents Married Yes5. DATE OF BIRTH Feb 11

(Name of Month) (Day) (Year)

## FATHER.

7. FULL NAME Ann Rambert9. PRESENT POSTOFFICE OF FATHER Richmond SC10. COLOR OR RACE Caucasian 11. AGE AT LAST BIRTHDAY 23 (Years)

12. BIRTHPLACE .....

13. OCCUPATION Job Worker14. Number of children born to mother, including present birth 11

## MOTHER.

14. NAME BEFORE MARRIAGE William B. Anderson15. PRESENT POSTOFFICE OF MOTHER Richmond SC16. COLOR OR RACE Caucasian 17. AGE AT LAST BIRTHDAY 24 (Years)

18. BIRTHPLACE .....

19. OCCUPATION Housewife20. Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at Richmond M., on the date above stated. (Born alive or dead) (Hour A. M. or P. M.)(23) (Signature) Midwife E. M. L. L. L.

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

Given name added from a supplement and report

Signature of witness necessary only (If question 22 is signed by mark)

Witness W. B. L. L. L. Local Registrar

When there is a change of name, the name should be changed in the record. If a child is born in the State of South Carolina