

(1) PLACE OF BIRTH

County of WaukeburgTownship of Holly Hillor Inc. Town of Holly HillCity of Holly Hill

(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

31667

Registration District No. 3609 Registered No. 120

(For use of Local Registrar)

Sl.; Ward)

(2) Full Name of Child Richard Lee Ireland If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? () (5) Number in order of birth () (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 8, 22 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME W. S. Ireland(9) PRESENT POSTOFFICE OF FATHER Holly Hill, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Holly Hill, S.C.(13) OCCUPATION Accountant(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Margaret Atkinson(15) PRESENT POSTOFFICE OF MOTHER Holly Hill, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Lawryville, S.C.(19) OCCUPATION House wife(20) 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 (his child, who was Alive at 9 a. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Holly Hill, S.C.

Given name added from a supplemental report

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

(27) Filed Sept 11, 22 (28) H. M. [Signature] 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.