

Form No. 1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH County of <u>Abbeville</u> Township of <u>Donalds, S.C.</u> 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.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>6200</b>	
(2) Full Name of Child <u>Samuel Rodfrey Richey</u>		Registration District No. <u>105</u>		Registered No. <u>11</u> (For use of Local Registrar)	
(3) <u>BOY OR GIRL</u>	(4) <u>Twins or Triplets</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>3-13-22</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b> (8) FULL NAME <u>Joseph Miller Richey</u> (9) PRESENT POSTOFFICE OF FATHER <u>Donalds S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>37</u> (Years) (12) BIRTHPLACE <u>Abbeville S.C.</u> (13) OCCUPATION <u>Farming</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Armin Elizabeth Godfrey</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Donalds S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>28</u> (Years) (18) BIRTHPLACE <u>Laurana</u> (19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2. (Two)</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b> (22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>10 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>B. H. Raridon M.D.</u> (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>M.D. Donalds S.C.</u>					
Given name added from a supplemental report ..... ..... 19 .. Registrar		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>April 10 1922</u> (28) <u>Lucile Humphreys</u> 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.