

(1) PLACE OF BIRTH

County of RichmondTownship of Richmondor Inc. Town of RichmondCity of Richmond

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

77569

Registration District No. 2505Registered No. 65
(For use of Local Registrar)No. 2505 St. 65 Ward 65

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

(2) Full Name of Child John R. Proctor (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD
Boy or Girl Girl(4) Twin or triplet? No(5) Number in order of birth 1(6) Are Parent Married? Yes(7) DATE OF BIRTH Sept 19 1916
(Name) (Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME James C. Proctor(14) NAME BEFORE MARRIAGE Julia P. Gordon(9) PRESENT POSTOFFICE OF FATHER Galveston Tex. D.C.(15) PRESENT POSTOFFICE OF MOTHER Galveston Tex. D.C.(10) COLOR OR RACE White(16) COLOR OR RACE White(11) BIRTHPLACE Linton Co. Ga.(17) BIRTHPLACE Harry Co. Ga.(12) OCCUPATION Field Mail Carrier(18) OCCUPATION Housewife(13) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 3(21) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive & stillborn at 4:29 P.M. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) W. H. Hays(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(26) Date Sept 30 1916(27) Local Registrar W. H. Hays

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.

MARGIN RESERVED FOR BINDING. WRITING PLAINLY, WITH UNFADING INK.—THIS IS A PREPARATION FOR EACH CHILD, and mark the N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE CHILD, No. 2, etc., in question 5. NAME OF CHILD, No. 3.