

(1) PLACE OF BIRTH

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

(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

7225

Registration District No. 221 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 23 1923</u> (Name of Month) (Day) (Year)
--------------------------------	---	------------------------------	--	---

FATHER

MOTHER

(8) FULL NAME <u>John H. H. H.</u>	(14) NAME BEFORE MARRIAGE <u>John H. H. H.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Richmond</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Richmond</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY (Years) <u>35</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>35</u>
(12) BIRTHPLACE <u>Richmond</u>	(18) BIRTHPLACE <u>Richmond</u>
(13) OCCUPATION <u>Teacher</u>	(19) OCCUPATION <u>Teacher</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at Richmond M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John H. H. H.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Richmond

Given name added from a supplemental report

(26) Witness John H. H. H.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 18 1923 (28) John H. H. H.
Local Registrar

*When there was no attending physician or midwife, then the father, household, etc., should make this return.
If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Division of Columbia, Columbia, S. C.