

## (1) PLACE OF BIRTH

County of RichlandTownship of Richland

OR

Inc. Town of .....

OR

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

19106

Registration District No. 2701Registered No. 119  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(2) Full Name of Child David Marion McQueen

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth  
To be answered only in event of Twin or Triplet(6) Are Parents Married? Yes(7) DATE OF BIRTH July 19, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME L. McQueen(9) PRESENT POSTOFFICE OF FATHER Richland(10) COLOR OR RACE W(12) BIRTHPLACE Richland(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie McQueen(15) PRESENT POSTOFFICE OF MOTHER Richland(16) COLOR OR RACE W(18) BIRTHPLACE Richland(19) OCCUPATION Housewife(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 at 5 P. M. on the date above stated.  
(Born alive or stillborn. (Hour \* M. or P. M.)(23) (Signature) Dr. J. J. McQueen(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Richland

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed July 1, 1922(28) Richland

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.