

## (1) PLACE OF BIRTH

County of RichmondTownship of Richmond

or

Inc. Town of Richmond

or

City of Richmond

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3105

File No.—For State Registrar Only

19373

Registered No. 5-2  
(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

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

3 BOY OR GIRL? Boy4 Twin or Triplet? No(5) Number in order of birth 1  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes

(7) DATE OF

BIRTH June 10, 1937  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME J. P. King9 PRESENT POSTOFFICE OF FATHER Richmond10 COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30  
(Years)12 BIRTHPLACE Richmond13 OCCUPATION Teacher20 Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss Williams(15) PRESENT POSTOFFICE OF MOTHER Richmond(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 28  
(Years)(18) BIRTHPLACE Richmond(19) OCCUPATION Teacher(21) 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 this child, who was born at 6:30 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. King(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Richmond

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/3

(28)

Local Registrar J. C. Lybrand

\*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.

REGISTRAR

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