

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Department of Vital Statistics  
State Board of Health

FILE NO.—For State Registrar Only  
**12787**

Place of Birth Anchor  
County of Beaufort  
City of Beaufort  
In Town of Beaufort  
or  
City of Beaufort  
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

Registration District No. 302 Registered No. 80  
(For use of Local Registrar)

Full Name of Child Harold Keith Richey If child is not yet named, make supplemental report as directed

BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Are Parents Married? Yes (7) DATE BIRTH Feb 9 1924  
(Name of Month) (Day) (Year)

FATHER: (14) NAME BEFORE MARRIAGE Allen Huff  
(15) PRESENT POSTOFFICE OF FATHER Piedmont S.C. R.R.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
(18) OCCUPATION Farmer  
(19) Number of children born to mother, including present birth 5

MOTHER: (14) NAME BEFORE MARRIAGE Allen Huff  
(15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C. R.R.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
(18) OCCUPATION Domestic  
(19) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**  
(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn, (Hour A. M. or P. M.) 10 A.M.  
on the date above stated.

(22) (Signature) J. H. Wick  
(23) Address of Physician or Midwife Beaufort  
(24) Date May 26 1923

Give name added from a supplemental report  
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Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)  
May 26 1923 J. H. Wick  
Local Registrar

(27) May 22 1923 J. H. Wick  
Local Registrar

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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.