

(1) PLACE OF BIRTH

County of *Orangeburg*Township of *Union*

or

Inc. Town of

or

City of

(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

Registration District No. *3616*File No. - For this Register *36019*Registered No. *811*
(For use of Local Registrar)(2) Full Name of Child *Emmily Read*

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

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet

(5) Number in order of birth

(6) Age at Birth *Yes*

(7) DATE OF BIRTH

Oct 16, 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Hardy Read*

(9) PRESENT POSTOFFICE OF FATHER *Cope SC RFD*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *21* (Year)

(12) BIRTHPLACE *Georgia*

(13) OCCUPATION *Day Laborer*

(20) Number of children born to mother, including present birth *Two*

MOTHER

(14) NAME BEFORE MARRIAGE *Rebecca*

(15) PRESENT POSTOFFICE OF MOTHER *Cope SC RFD*

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *22* (Year)

(18) BIRTHPLACE *Georgia*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *Lavinia R. Kirby*

(24) Name of Doctor, Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is stated by mark)

Oct 19, 22 *A. K. Hannerly* Local Registrar

*When there was no attending physician or midwife, the father, husband or other should make this report. If a child breathes even a few minutes after birth, the report is desired of stillbirths.