

THIS IS A PERMANENT RECORD.  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		27540	
Township of <u>James Island</u>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>904</u>		Registered No. <u>68</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St. .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Richard Maylin Jr.</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Y</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 2</u> 19 <u>23</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Richard Maylin</u>			(14) NAME BEFORE MARRIAGE <u>Lattie Grant</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>176 ... S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>176 ... S.C.</u>		
(10) COLOR OR RACE <u>W.C.</u>			(16) COLOR OR RACE <u>W.C.</u>		
(11) AGE AT LAST BIRTHDAY <u>4</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)		
(12) BIRTHPLACE <u>James Island</u>			(18) BIRTHPLACE <u>James Island</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>James Island</u> , S.C., on the date above stated.					
(23) (Signature) <u>Mary Nelson</u>			(24) Address of Physician or Midwife <u>Widening W.C. Charleston, S.C.</u>		
(25) State whether <u>Physician or Midwife</u>			(26) Address of Physician or Midwife <u>Widening W.C. Charleston, S.C.</u>		
(27) Given name added from a supplemental report			(28) Witness <u>See A. Sealbrook</u>		
(29) Registrar <u>19</u>			(30) Filed <u>11 23</u>		
(31) 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.