

WRITE PLAINLY, WITH UNFADING INK—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 6.

(1) PLACE OF BIRTH

County of Richland
 Township of Richland
 or
 Inc. Town of Richland
 or
 City of Richland
 (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

File No.—For State Registrar Only

22987

Registration District No. 100 Registered No. 100
 (For use of Local Registrar)

(2) Full Name of Child

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1919
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James H. ...
 (9) PRESENT POSTOFFICE OF FATHER ...
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE ...
 (13) OCCUPATION ...
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE ...
 (15) PRESENT POSTOFFICE OF MOTHER ...
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
 (18) BIRTHPLACE ...
 (19) OCCUPATION ...
 (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 ... at ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ... (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife ...

Given name added from a supplemental report

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

(27) Filed ... (28) ... 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.