

(1) PLACE OF BIRTH

County of Richmond
 Township of St. Andrews
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
37860

Registration District No. 4109 Registered No. 110
 (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 Michael D. H. If child is not yet named, make supplemental report as directed

(3) SEX OR ONLY girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Mar 28, 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Year)
 (12) BIRTHPLACE
 (13) OCCUPATION

MOTHER.
 (14) NAME BEFORE MARRIAGE Rebecca Hudson
 (15) PRESENT POSTOFFICE OF MOTHER Richmond, S.C.
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 21 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at L.A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Michael D. H. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richmond, S.C.

Given name added from a supplemental report
 (26) Witness Michael D. H. (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 2, 1923 (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.