

(1) PLACE OF BIRTH

County of ThomasTownship of Thomasor
Inc. Town ofor
City of(No. St.; Ward)
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

18571

Registration District No. 2007Registered No. 38
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OR CHILD Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 13, 1934
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Henry E. Richie (9) PRESENT POSTOFFICE OF FATHER Pamphiers SC (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Years) (12) BIRTHPLACE N.C. (13) OCCUPATION Low mill operatorMOTHER. (14) NAME BEFORE MARRIAGE Lilla D. Parker (15) PRESENT POSTOFFICE OF MOTHER Pamphiers SC (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42 (Years) (18) BIRTHPLACE N.C. (19) OCCUPATION House wife(20) Number of children born to mother, including present birth four (21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Rosten (24) State whether Physician or Midwife MD. (25) Address of Physician or Midwife Pamphiers SC

Given name added from a supplemental report

(26) Witness W. H. Rosten (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 13, 1934 (28) W. H. Rosten 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.

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NOTES: (1) This certificate is to be filled out by the attending physician or midwife, or by the father, householder, etc., if no attending physician or midwife is present. (2) If a child breathes even once, it must not be reported as stillborn. (3) No report is desired of stillbirths before the fifth month of pregnancy. (4) This certificate is to be filed with the local registrar. (5) If a child breathes even once, it must not be reported as stillborn. (6) No report is desired of stillbirths before the fifth month of pregnancy. (7) This certificate is to be filled out by the attending physician or midwife, or by the father, householder, etc., if no attending physician or midwife is present. (8) If a child breathes even once, it must not be reported as stillborn. (9) No report is desired of stillbirths before the fifth month of pregnancy. (10) This certificate is to be filed with the local registrar.