

(1) PLACE OF BIRTH

County of Richmond  
Township of Richmond  
or  
City of Richmond  
(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. 20A

No. 1585 — For State Registrar Only

Registered No. 17  
(For use of Local Registrar)

(2) Full Name of Child

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

1. SEX OF CHILD Male 2. TIME OF BIRTH 10:00 AM 3. NUMBER IN ORDER OF BIRTH 1 4. AGE OF MOTHER 24 5. DATE OF BIRTH 1910 (Month of Month) (Day) (Year)

FATHER

MOTHER

6. NAME OF FATHER John P. Smith 7. NAME OF MOTHER John P. Smith  
8. COLOR OF FATHER White 9. COLOR OF MOTHER White  
10. BIRTHPLACE OF FATHER Richmond 11. BIRTHPLACE OF MOTHER Richmond  
12. OCCUPATION OF FATHER Teacher 13. OCCUPATION OF MOTHER Teacher

14. COLOR OF CHILD White 15. AGE AT LAST BIRTHDAY 1 (Year)

16. BIRTHPLACE OF CHILD Richmond

17. OCCUPATION OF CHILD Teacher

18. Name of child born to: John P. Smith

CERTIFICATE OF ATTENDING PHYSICIAN OF BIRTH

(19) I hereby certify that I attended the birth of this child, who was John P. Smith (Name of child) (Sex) (Date of birth) (Month of Month) (Day) (Year)

(20) (Signature) John P. Smith (21) State of South Carolina (22) Address of Physician or Midwife Richmond

19. Name of child born to: John P. Smith

(23) Witness John P. Smith (24) Signature of Witness necessary only when question 23 is signed by mark

(25) Date of birth 1910 (26) Local Registrar John P. Smith

(27) Name of child born to: John P. Smith (28) Address of child born to: Richmond

(29) Name of child born to: John P. Smith (30) Address of child born to: Richmond