

(1) PLACE OF BIRTH

County of *Richmond*Township of *Richmond*Inc. Town of *Richmond*City of *Richmond*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

DEPARTMENT OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. for State Registrar Only

4361

Registration District No. *2.2.4*Registered No. *441*
(For use of Local Registrar)(2) Full Name of Child *Kathleen Eunice Morris*

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

(1) SEX-BO GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
				(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR
OR
RACE

(11) AGE AT LAST
BIRTHDAY
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to
mother, including present birth

MOTHER

(14) NAME BEFORE
MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR
OR
RACE

(17) AGE AT LAST
BIRTHDAY
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* at *Richmond* on the date above stated. (Hour, A.M. or P.M.)(22) (Signature) *Dr. J. P. Thomas*
(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Witness *J. P. Thomas* (Signature of Witness necessary only when question 20 is signed by mother)

Local Registrar

When there is a child born, the father, mother, or other person, should make this return. If the child is stillborn, the father, mother, or other person, should make this return before the child is buried.