

N. B.—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 5.

(1) PLACE OF BIRTH

County of Aiken
 Township of Windsor
 or
 Inc. Town of
 or
 City of

(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

28571

Registration District No. 215

Registered No. 65
 (For use of Local Registrar)

(2) Full Name of Child John Richard

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Anderson Richard

(9) PRESENT POSTOFFICE OF FATHER

Mantmoreland

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21

(12) BIRTHPLACE

Aiken Co

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Katie Richard

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

16

(18) BIRTHPLACE

Aiken Co

(19) OCCUPATION

farmer work

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

one

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

None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive 3 P. M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Fannie Johnson

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Aiken

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 1st 1922

(28) O. L. Walker

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.