

(1) PLACE OF BIRTH

County of BerkeleyTownship of EastonInc. Town of orCity 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

63285

Registration District No. 705 Registered No. 191

(For use of Local Registrar)

(2) Full Name of Child. David Richburg { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 26th 1916

FATHER.

(8) FULL NAME David Richburg(9) PRESENT POSTOFFICE OF FATHER Lowes St.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Small Hill(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Brown(15) PRESENT POSTOFFICE OF MOTHER Lowes St.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Small Hill(19) OCCUPATION Housewife(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 alive at 11 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Rose Small(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lowes St.

Given name added from a supplemental report

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Registrar

(26) Witness E. M. Gross

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

(27) Filed July 1st 1916 (28) D. W. Gross 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.