

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 2.

(1) PLACE OF BIRTH

County of Richmond
Township of Richmond
OF
Inc. Town of Richmond
OF
City of Richmond (No. 1 St.; 1 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
4478

Registration District No. 100 Registered No. 1
(For use of Local Registrar)

(2) Full Name of Child Robert Lee

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) <u>July</u> (Day) <u>1</u> (Year) <u>1933</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert Lee</u>			(14) NAME BEFORE MARRIAGE <u>Robert Lee</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Richmond</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Richmond</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY (Year) <u>1</u>			(17) AGE AT LAST BIRTHDAY (Year) <u>1</u>	
(12) BIRTHPLACE <u>Richmond</u>			(18) BIRTHPLACE <u>Richmond</u>	
(13) OCCUPATION <u>None</u>			(19) OCCUPATION <u>None</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 1 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert Lee

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Richmond

Given name added from a supplemental report

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

(27) Filed 1933 (28) 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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.