

(1) PLACE OF BIRTH

County of Richmond
 Township of Smith
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

10180

Registration District No. 828 Registered No. 49
 (For use of Local Registrar)

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

(2) Full Name of Child

Annemie Golden

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

(3) BOY OR GIRL by (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr. 28, 1922
 (To be answered only in event of Twins or Triplets) (Month) (Day) (Year)

FATHER

(8) FULL NAME David Golden
 (9) PRESENT POSTOFFICE OF FATHER St. Martin
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22
 (Year) (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farm work

MOTHER

(14) NAME BEFORE MARRIAGE Etheline Benafant
 (15) PRESENT POSTOFFICE OF MOTHER St. Martin
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
 (Year) (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Farm work

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) L. H. H. H. (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Martin

Given name added from a supplemental report

(26) Witness A. P. H. H. (Signature of Witness necessary only when question 23 is signed by mark)

19
 Registrar

(27) Filed May 5, 1922 (28) A. P. H. H. 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.