

(1) PLACE OF BIRTH

County of RichmondTownship of Richmond

Inc. Town of

City of Richmond

(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
22785Registration District No. Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child David William 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 May 10 1933
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David William(9) PRESENT POSTOFFICE OF FATHER Richmond(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42
(Year)(12) BIRTHPLACE Richmond(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE David William(15) PRESENT POSTOFFICE OF MOTHER Richmond(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Year)(18) BIRTHPLACE Richmond(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Given name added from a supplemental report

(25) Witness David William
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed 19 (27) Local Registrar David B. Cane

*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.