

(1) PLACE OF BIRTH

County of RichlandTownship of RichlandInc. Town of RichlandCity of Richland(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

7548

Registration District No. 309 Registered No. 45

(For use of Local Registrar)

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME				(14) NAME BEFORE MARRIAGE
(9) PRESENT POSTOFFICE OF FATHER				(15) PRESENT POSTOFFICE OF MOTHER
(10) COLOR OR RACE				(16) COLOR OR RACE
(11) AGE AT LAST BIRTHDAY (Years)				(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE				(18) BIRTHPLACE
(13) OCCUPATION				(19) OCCUPATION
(20) Number of children born to mother, including present birth				(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature] (25) Address of Physician or Midwife [Address]

(24) State whether Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 12, 1922 (28) [Signature] 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.