

## (1) PLACE OF BIRTH

County of RichmondTownship of RichmondInc. Town of RichmondCity of Richmond

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37650 X

Registration District No. 4001-6 Registered No. 127  
(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 John R. Royster If child is not yet named, make supplemental report as directed3) BOY OR GIRL Boy 4) Type of Triplet Single 5) Number in order of birth 1 6) Sex Male 7) DATE OF BIRTH July 17, 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>John R. Royster</u>	14) NAME BEFORE MARRIAGE <u>John R. Royster</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 <u>31</u> (Years)	17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
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 born alive at 11:30 A.M. on the date above stated. (Hour, M. or P. M.)(23) (Signature) W. H. Royster (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) W. H. Royster  
(27) Filed 11/30 1923 (28) W. H. Royster 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.

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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 1.