

(1) PLACE OF BIRTH

County of MarionTownship of Adamsville

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3300

File No.—For State Registrar Only

43697

Registered No. 70
(For use of Local Registrar)

(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 Litus Rich

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 10 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Litus Rich(9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39
(Years)(12) BIRTHPLACE HC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Richardson(15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE SE(19) OCCUPATION Farm Help(21) Number of children of this mother now living, including present birth 1 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 11:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amanda Wall(24) State whether, Physician or Midwife Midwife (25) Address of 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 Dec 10 1922 (28) A. L. Newton
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.