

MARGIN RESERVED FOR BINDING.

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 5.

(1) PLACE OF BIRTH

County of Richmond
 Township of Richmond
 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

3678

Registration District No. 1203 Registered No. 6.....
 (For use of Local Registrar)

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

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

(3) BOY OR
 GIRL? Boy

(4) Twin
 or Triplet?

(5) Number in
 order of birth
 To be answered only in event of Twins or Triplets

(6) Are
 Parents
 Married? Yes

(7) DATE OF
 BIRTH Feb. 11, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Benjamin
 (9) PRESENT POSTOFFICE OF FATHER Norfolk
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE Richmond, Va.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Emma
 (15) PRESENT POSTOFFICE OF MOTHER Norfolk
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)
 (18) BIRTHPLACE Richmond, Va.
 (19) OCCUPATION Teacher
 (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 nt. 3 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement report

(26) Witness
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar. 10, 1922 (28) J. D. Davis
 Registrar 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.

Registrar Local Registrar

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RECEIVED

Form No. 6

N. B.