

(1) PLACE OF BIRTH

County of RichmondTownship of RichmondInc. Town of RichmondCity 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 HealthRegistration District No. 4106No. 30320 — For State Registrar Only

30320

Registered No. 70
(For use of Local Registrar)(2) Full Name of Child do not know

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

(1) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(3) Number in order of birth	(5) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 27 1933</u> (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	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE	(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 as. 6 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or 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 (28) 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.